	2411 N. Charles	St., Baltimore	8300	11136	
	CERTIFICAT	E OF DEATH	Rep	g. Diat. No	7
1. PLACE OF DEATH.  County Sullumne  City or town Cullupartille	1	2. USUAL PESIDENCE (I (For newhorn infants gi	HOME) OF DECEAS ve residence of mother)		******
City or town  (If outside city or town limits, write RURA) are How long in above place of death?	kennelle	City or town	or town limits, write RUI		own)
How long in hospital or Institution?		2.(a) If veteran, name war			
3. (a) FULL NAME  Located Calenne			3. (b) S	Social Security Numb	ber
4. Sex 5. Color or race 8.(a) Single, married,	widowed, or divorced	ME	DICAL CERTIFIC	CATION	- 1
temale White Harr	ud			19. 7.8., 21	
6.(b) Name of husband or wife. Cruest Cich	rman	21. I CERTIFY that death occurre		hat Lattended deceased from 25	rom 11
7. Birth date of Gallet 9.2	give ageyears	and that I last saw h Alali	ve on 94 24	4	-
o. AGL.	than one dayhrs min.	Cerebral 9	/ / /	nt 3	DUR
9. Birthplace	12	Senel artes	10 seleron	.a 5	-4
1B. Usual occupation		Due to	***************************************	•••••	<i>U</i>
11. Industry or business  12. Name John Midden UN  13. Birthplace Bultimore	me	Dther conditions			
14. Maiden name Guma Smith  15. Birtholace Bultimore	ed	Major findings of operations			*****
16. Informant Laure M. School	eder le	Autopsy results PHYSICIAN: Please underline	the cause to which death s	hould be charged statist	ticall
Address Market Date thereof (Burial, cremation, or removal, Which?)	27 - 48 month) (day) (year)	22. VIOLENCE: If death was d Accident, sulcide, or homicide	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Cemetery or crematory. M.T. Carned		Where did Injury occur?		(County) (Sta	
18. Funeral director Agence		Means of Injury		jured at work?	
Address St. Paul + Presto	nell 1	23 SIGNATURE Would	n 7.16	M. D/or oth	yer L
(Date rec'd by registrar)	t · Selustal	Addre Cocheyen	lle Md.	Date signed . [/]	2



# WITH UNFADING INK. Supply every item of information carefully. In a important. Physicians: please write the causes of death clearly and legibly

WRITE

PLEASE

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1. PLACE OF DEATH: Baltemore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	102	
City or town (If outside city of town limits, write RURAL and give nearest town)	State County Cou		
How long in above place of death?	(If outside city or town limits, write RURAL and give nea	rest town)	
nospilai, institution, of street address where death obstitute.	Street No. (If ru N, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME Horothy and ash	3. (b) Social Security	Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	11.30	
a. W. maried	20. DATE OF DEATH Movember 8 1948	17	
6.(6) Name of husband or wife. Charles ash	21.1 CERTIFY that death occurred on the date above stated; that I attended decer October 18 19 48 to Nov. 8	sed from	
7. Birth date of	and that I last saw h er alive on November 8	19.48	
deceased (mo., day, yr.)  RACE. Years   Months   Days   It less than one gay	Immediate cause ol death	DURATION	
8. AGE: Years Months Bays It less than one gay	in general and cerebral edema	5 days	
On ada	Hunert end i we	several	
9. Birthplace (Town, county, and atate)	heart disease	vears	
10. Usual occupation. A Nome!	Due to Arteriosclerosis		
11. Industry or business		***************************************	
12. Name hom as versen  13. Birthplace Germany	Other conditions		
	(Include pregnancy within 3 months of death)		
14. Maiden name Mary Course	Major findings of operations.		
15. Birthplace Charles	Date of op.	**********************	
16. Informant 10 tothey 6 Chiffishy	Autopsy results	statistically.	
Address Hengbley (a Orbrigo Mills)	22. VIOLENCE: If death was due to external causes, till in the following:		
(Buriai, cremation, or removed. Which?)  (Buriai, cremation, or removed. Which?)	Accident, suicide, or homicide,		
Cemetery or cremetery Good Shephers	Where did Injury occur?	(State)	
Location Stoward Co Md	Injured at home, farm, industry, public place (where?)		
18. Funeral director . St. Doward Strong	Means of Injury Injured at work?	111	
Address 32070 Worth aus t	1 La Marca Luca duca	.11.15-	
may 10 /48 1.W. 16 1.	H	rother	
(Date rec'd by registrar)	Address Reisterstown Date signed	11-9-48	

## MARYLAND STATE DEPARTMENT OF HEALTH

Reg. Diat. No.....

1. PLACE OF DEATH: PATT	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	Day 12. Hz
City or town Middle Oliver	Stale County County
(If outside city or town limits, write RURAL and give nearest town)	City or town (If outside city on town limits, write RURAL and give nearest town)
How long in above place of death?	
Hospital, Institution, or street address where death occurred:	Street No. 3040 diberty Varleum
ery Itali	(If rural, give/LOCATION)
How long in hospital or institution?	2.(d) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
John Bemestel	in the state of th
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White widow	20. DATE DE DEATH 11-21-48 19 21 445 pm
Sa B TO	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife Many Genes tefer	11-18-48 19 10 11-21 18.48
6.(c) If alive, give ageyears	
T. Sirth date of	and that I last saw h
deceased (mo., day, )	Immediate cause of death
8. AGE: Years   Months   Days   It less than one day	- Gerelyal Hemorrhag 9+2 day
84 6 20hrsmin.	
	11 - T . 2
9. Sirthplace (Town, county, and state)	Due to fly plylersin Condio
10 Hard compation She & Metal	vaskular disease Lyean
10. Usual occupation Thee Melas	Due to generally a of
11. Industry or business	arterio Schares
MI DA MARIANTI	
E 12. Name John	Other conditions
13. 8irthplade	(Include pregnancy within 3 months of death)
14. Maiden name Shaul	
14. maiden name	Major findings of operations
15. 8irthplace	Date of op.
16 Interment John Bineslefel	Actopsy resolts
P 1 + D D	PHYSICIAN: Please underlice the caose to which death should be charged statistically.
Address ( 3040 diberty arkeway,	22. VIOLENCE: If death was due to external causes, fill in the following:
Burst Date thereof Nov 24 1/48	
(Burial, cremation, or removal Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemelery or crematory Oak Lawn	Where did injury occur?
B IT C	
Location	Injured at home, farm, Industry, public place (where?)
1100 Funel Home	Maans of injury injured at work?
18. Funeral director.	1 HM 10
Address 2008 Gileans AT	Gualest I // esta M. La.
11/0 40 Pms/2 0	23. SIGNATURE M. D. of other
19. 12 3 19 0 Pacietas	Advers Dun Hulk, Md Die signed 11-22-4

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County BALTIMORE	State MD Coucty BALTIMARE
City or town	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
nuspital, institution, or street audiess where death occurred.	Street No. WINDSAR MILL RD. (If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
ELMER WILLIAM	BLANK
4. Sex 5. Color of race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W S.	2D. DATE DE DEATH LLOW 8. 15×8 , 21 7:15-A
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I altended deceased from
	1948 to 19
7. Birth date of	and that I last saw have on 150
8. AGE: Years Months Days If less than one day	Immediate cause of death
42 7 12nrs. min.	Coronay accurry kutty
9. Birthplace	Due to. Quitto delluis
1B. Usual occupation	Due to
11. Industry or business	
12. Name WM. C. BLANK  13. Birthplace RALTO. MA.	Other conditions
	(Include pregnancy within 8 months of death)
14. Maiden name ANNIE M. BLANKNER  15. Birthplace RALTO MA	Major findings of operations
E 15. Birthplace 3 4 5 19 Mg	Date of op.
16. Informant The Ferbert C. Wagner	Autopsy results
Address 10349 Window Will Old, Woodland	PHYSICIAN: Please underline the cause to which death should be charged statistically.
11 10 1010	VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?)  Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory 4 T. OLIUE	Where did Injury occur?
Location RANDALLSTOWN, MD.	Injured at home, farm, Industry, public place (where?)
Rland of Frela.	Msens of Injury Injured at work?
Address 2 1 1 2 DUNDALK AUE.	Gul Hapour De W. Dr
20011) 18 Q. 30. Alder	SIGNATURE M. D. or other
(Date rec'd by registrar)	Address Durall - 4 - LUN Date signed 18 48.

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MARYI	AND	STATE	DEPARTMENT	OF	HEALTH

2411 N. Charles St., Baltimore

1. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County BAITIMORE Fort Howard	State Maryland County		
City or town (If outside city or town limits, write RURAL and give nearest town)	Politicano		
How long in above place of death? 25 days	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No. 133 S. Spring St.		
Veterans Administration Hosp. Ft. Howard, Md.	(If rural, give LOCATION)		
How long in hospital or institution? 25 days	2.(a) It veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
JOSEPH BOBROVSKY	Unknown'		
4. Sex S. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Single	20. DATE OF DEATH. November 19		
6,(b) Name ot husband or wite	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
e (a) the first street of	October 25 19 48 10 Nov. 19 19 48		
7. Birth date of	and that I last saw h im alive on NOvember 19 19 48		
deceased (mo., day, yr.) January 20, 1892  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death DURATION		
5. AGE.	Neuroblastoma arising in region		
	of tail of pancreas with extensive		
9. Birthplace Wilno, Russia (Town, county, and state)	xxx metastases 4 mos.		
Imemplayed			
to. Usual occupation	Due to		
t1. Industry or business			
12. Name Conrad Bobrovsky 13. Birthplace Russia	Other conditions NONE		
13. Birthplace Russia	(Include pregnancy within 3 months of death)		
置 14. Maiden name Ann Kosawk			
15. Birthplace Russia	Major findings of operations.		
	Dats of op.		
16 Intermant Clinical Records, Vets. Adm. Hosp.	Autopsy results substantiated above PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address Fort Howard, Md.	22. VIOLENCE: It death was due to external causes, till In the tollowing:		
11 Burial Bate thereot (month) (day) (year)	Accident, sulcide, or homicide		
Cemetery or crematory Baltimore National Cometery	Where did lajury occur? (City or town) (County) (State)		
Location 5501 Frederick Ave. Balto.Md.	Injured at home, farm, Industry, public place (where?)		
18 Funeral director Blight Funeral Home Hound M. Blight	Means of Injury Injured at work?		
Address 6009 Harford Rd. Balto.Md.	y Hawden		
	23. SIGNATURE J. SAUNDERS, M.D. OFFICER OF DAY		
19. Nov. 23 19 48 W. W. Keluch (Date rec'd by registrar)	Address VAH FT. Howard, Md. Date signed 11-22-48		
	THE PROPERTY OF THE PROPERTY O		

VS A15

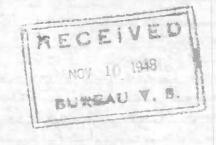
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

Reg. Diet. No. 32

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Saltimore	(For newborn infants give residence of mother)
City or town (if outside city or town limits, write RURAL and give nearest town)	State Muryland County Baltimole
How long in above place of death? 45 110	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
	Street No. 110 6 Reistustown Rd.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Fanne Bou	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F. W Widow	20. DATE OF DEATH 700 5 1948 at 1 P. M
B. (6) Name of husband or wife. 20 sept S. Bounds	21. I CERTIFY that death occurred on the date above stated: that I ettended deceased from
Declased 5.(c) If allve, give age years	19.43 10 NOO 5 19.45
7. Birth date of	and that I last saw h. C. alive on Mary 5 19.4.5
	Jamediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Carengua 1 boll
88 10 28hrsmin.	brust with metustice 5 fee
Harried Co. med	
8. Birthplace	Due told
10. Usual occupation Atomsework	fillwind costs
	Due to
11. Industry or business	
= 12. Name Benjum Coll	Other conditions security
12. Hame Benjum Cole !! 13. Birthplace Colesville Horward Co. Md.	9.
	(Include pregnancy within 8 months of deads)
14. Maiden name. Sussey Georges Co., Md.	Major findings of operations Caremona
E 15. Birthplace Treuse Georges Co., Mrd.	Date of op. 1.944
V11. 4 0 (P	
	Autopsy results
Address Pekesvelle, mil	
(Ruriol grownston or romand) Which')  Date thereof. 7 W S - 48  (Ruriol grownston or romand) Which')	22. VIOLENCE: If death was due to external causes, fill in the following;
(Latination) of Temporal (1 and 1)	Accident, suicide, or homicide
Cemetery or crematory Savaghe Ceracely	Where did injury occur?
Location Savage and	Injured at home, farm, Industry, public place (where?)
	Means of injury Injured at work?
18. Funeral director of sunth to the level his	means or injury
Address Pikeralle and	(C/2 // 1/ 7/1/)
AUGUS CALLETTICE 1	23. SIGNATURE 6 6 G Chals OUW
19/1-6- 1948 to 126 Mehals	M. D. or other
19	Address besoule, had Date signed 11-6-48



The correct age

# MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cise especially important. Physicians: please write the causes of death clearly and legibly.

# 9-45-15M

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CEPTIFICATE OF DEATH

11141<sub>38</sub>

CERTITICAL	Reg. Dist. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State  County  City or town. (If outside city, or town limits) write #URAL and give nearest town)  Street No. 7 20 3 Old Sanfard Road  (If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME James W. Bounds	3. (b) Social Security Number 2/4-0 3-3723
Male White Manued  Manued  Manued	MEDICAL CERTIFICATION  20. DATE OF DEATH. 1948 at 4 P M
6,(b) Name of husbend or wife Ethel L. Sounds  6,(c) If alive, give age years  7, Birth date of	21. I CERTIFY that deeth occurred on the date above stated; that I attended decessed from 7-8 19.48 10
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION 24 hvs.
72 4 29hrsmin.	Cerebral Intendosis 24 hrs
9. Birthpiece	vaseular disease
	Due to
11. Industry or business  12. Name Dennis Bounds  13. Birthplace Savage Mid.	Other conditions
14. Maiden name. I wash Robers 15. Birthpiace	Major findings of operations
16. Informant Mr. Ethel L. Bounds	Autopsy results
Address 903 030 200 200 200 200 200 200 200 200 2	22. VIOLENCE: It deeth wes due to external causes, till in the tollowing:  Accident, suicide, or homicide
Cemetery or crematory Mid Ridge Cemetery	Where did Injury occur?
18. Funeral director State Many M. Blight. 2	Maens of Injury Injured et work?
Address 6009 Harford Road.	23. SIGNATURE Melton C- Lang M. D. or other
19. (Date rec'd by registrar) C Registrar	Address 2117 Below Ra Date signed 12-1-48

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MADVI	AMID	CTATE	DEPARTMENT	OF	THE ARTE
MAKII	ANI	SIAIR	TIPPAKINIPNI	111	HP.AI.

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

TH Bc 1860

			-	
Reg.	Dist.	No.		5

1. PLACE OF DEATH:  Counly				22 W. 25th St.		
J. (G) TOLL MAIN		BERTIE	M. BROADBELT	3. (0) Social Security Number		
female	5. Color or race white	6.(a)Sing	e, married, widowed, or divorced widowed	MEDICAL CERTIFICATION  Nov • 2, 19 48 at 9 6 M		
	******************************	В.(	rt Broadbelt  c) If alive, give ageyears gust 2, 1874	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19. *** and thet I last saw h *** alive on		
8. AGE: Year	s Months	Days	If less than one day	Immediate cause of death		
11. Industry or busine  H 12. Name  13. Birthplace  H 14. Malden name.  15. Birthplace  18. Informant	James E.  Maryla  Mary A.  Maryl	county, and wife  Malambr  nd  Grahan  and  h M. Br	state)	Due to		
17	Wood Wo WM. J. Balto.	Date ther lawn Ce odlawn, TICKNE	eof 11/6/48 (month) (day) (year)  Md.  R & SONS  Physical Registrar	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide		

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

		CERTIFICA	TE OF DEATH	Reg. Dist. No	44
How long in above p Hospital, Institution	Baltimore Fort Howard (If outside city or town I place of death?	imits, write RURAL and give nearest town)  Proximately 10 hours  death occurred:  Iaryland  Proximately 10 mours	2. USUAL RESIDENCE (HOME) Of (For newborn infants give residence of State Maryland Could City or town Baltimore (If outside city or town limits 1634 Westwood A Street No. (If rure), give 2.(a) If veteran, name was Williams	s, write RURAL and give net VO •	
3. (a) FULL N	AME EORGE M. BRO	ooks		3. (b) Social Security Unknown	Number
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
Male	Colored	Widower	2D. DATE DE DEATH November 5	19 48	al 10:20
6.(b) Name of husb	band or wife	wer	21. I CERTIFY that death occurred on the date abo	ove stated; that I altended dece	eased from
7. Birth date of		6.(c) If alive, give ageyear	and that I last saw him alive on No.V.		
deceased (mo., d	day, yr.) 11-5-5	10	Immediate caose of death	1 1	DURATION
o. Adz.	Years Months	Days It less than one day	INFARCTS OF INTESTINE		
9, Birthplace	Funkstown, No. (Town, Unemploye	, county, and state)	Due 10. Arteriosclerosis	_	unknown
12. Name	Conves Bro	oks	Diher conditions No ne		
13. Birthplace	Tralenasena				
-			(Include pregnancy within 3 r		
HLOW 14. Maiden no.	Unknown		Major fiedings of operations		
16. Intermant. C.		rds, Vets. Adm. Hosp. Maryland	Actopsy results Substantiated PHYSICIAN: Please moderline the caose to wi	Above	
17 Burnal, crems	rial stion, or removal. Which ematory Mt. Cava	Dale thereof (month) (34) (year)	22. VIOLENCE: If death was due to external cau  Accident, suicide, or homicide	Date of	(State)
Location	Aberde	Ma.	Injured at home, farm, Industry, public place (w	here?)	*************
18 Funeral direct	George K	elson	Means of Injury	Injured at work?	
Address	Baltimore	e, Md.	23. SIGNATURE Q.S. FLELLE	ζ	or other
19. Por	8 19 4	8 Jaw. Hefres	A. B. FRENCH, M	1.010	
(Date rec'd b	oy registrar)	Registra	Address V.A. C	Date signed	181 -0-418

Registrar Address VAH, FT HOWARD, MD. Dale signed 7-6-48

ADING INK. Supply every item of information carefully Mene correct Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, is especially

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

#### CERTIFICATE OF DEATH

61

Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County ASOLTS:	
	State County
All outside city or town limits, write RURAL and give nearest town)	11 -
low long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No. 704 D - Sheet
	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
I C Widne	2D. DATE DF DEATH. 19 19 48 21 9.45
0.1 82.01	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
6.(b) Name of husband or wife	""   Alan I Ale Manuelle Till Y
6.(c) If allve, give ageyea	ire
7. Birth date of 1074	and that I lasksaw h last live on how many 4th us
deceased (mo., day, yr.)  O ACE: Years   Months   Days   It less than one day	Immediate cause of death DURATION
8. AGE: Years Months Days It less than one day	Vialelus Millelus - 6 Mil
74mi	n.
Colvert Cor mol	Due to
9. Birthplace	
1D. Usual occupation	
10. Usual occupation.	Due to
11. Industry or business	
= 12. Name albert Burnett	Other conditions the state of t
13. Birthplace m.L.	
107	(Include pregnancy within 3 months of death)
14. Maiden name. Hattie?  15. Birthplace Md.	Major findings of operations
E 15. Birthplace	Date of op.
Matri B. Janes	Aolopsy results.
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 704 of Stiket	
B Date House 11-23-48	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Burlai, cremation, or removal, Which?)  Date thereol	Accident, suicide, or homicide Date of
Cemetery or crematory JM. Calvary	Where did Injury occur?
Demetery of Crematory	
Location	injured at home, farm, Industry, public place (wherea)
18. Funeral director Samuel W. Sullivan Ja.	Means of Injury Injured at work?
1B. Funeral director. A director.	Will Anna - Mari
Address 1011 M. Wilmighon Wes	7 23. SIGNATURE
h 77 487 ( . W. dedish	23. SIGNATURE COLL NO POPULATION OF THE STATE OF
(Date ree'd by registrar)	ar Address Municipal Ta man date signed
(Date ree'd by registrar)	at 11 Address

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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		-	Reg	Di	at.	No	·			

			OZICI II I OII I	Reg. Diat. No.				
1. PLACE OF DEA				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
County Bal	timore							
City or town	Fort How	ard	RURAL and give nearest town)	State Maryland County				
(If ou	otside city or town I	imits, write i	CURAL and give nearest town;	City or town				
How tong in above place of Hospital, Institution, or	of death?	death necurre	d•	Street No. 309 S. Fremont Avenue	eat town)			
Wets. Adm	Hospita	1. F .	Howard, Maryland	Street No. 309 5 • FTEMONIA AVENUE  (If rural, give LOCATION)				
How tong in hospitat or	7 Da	vs	•••••••••••••••••••••••••••••••••••••••	2.(a) if veteran, name war. WW 2				
			***************************************	"				
3. (a) FULL NAME				3. (b) Social Security 1				
	WILLIS			237-28-2505				
4. Sex	5. Color or race	6.(a)Sing	e, married, widowed, or divorced	MEDICAL CERTIFICATION				
Male	Colore	d	Single	20. DATE OF DEATH. November 15. 1948				
B.(b) Name of husband	Sin	gle		21. I CERTIFY that death occurred on the date above stated; that t attended docea	sed from			
				November 8, 19 48 10 November	15,191946			
7. Birth date of			c) tf alive, give ageyears	and that t last saw h im alive on November 15,	1948			
deceased (mo., day, yr	.) 1–30	<del>-20</del>		Immediate cause of death	DURATION			
8. AGE: Years	Months	Days	If less than one day	Rupture of aneurysm of spinal cord	Approx.			
28	10	15	hrs min.		2 Wks.			
9. Birthplace				Bue to Unknown				
9. Birthplace	(Town,	county, and	atate)		***************************************			
10. Usuat occupation	Laborer	•			***************************************			
				Duo to				
11. Industry or business				70.79				
			•••••••••••••••••••••••••••••••••••••••	Other conditions no ne				
	North Car			(Include pregnancy within 8 months of death)				
HLOW 14. Maiden name	Virgie Bo	nnett		Major findings of operations				
LOI	North Car							
				Autopey results Substantiated above.				
16. Intermant Cli			ets. Adm. Hosp.	PHYSICIAN: Please underline the cause to which death should be charged	statistically.			
Address	I	Fort Ho	ward, Md.					
		-1	.11/21/48	22. VIOLENCE: If death was due to external causes, fill in the following:				
Burial Burial	or removal. Which	Date the	(month) (day) (year)	Accident, suicide, or homicide				
Cometery or cramato	PW			Where did injury occur?	(State)			
demoter) or eventuator			3	Injured at home, farm, industry, public place (where?)				
Location				Means of injury this training the state of t				
18. Funeral director	Charles	R. La	N	Means or injury				
Address			e., Balto., Md.	NO has				
Mantess			0 11 11 11 11	23. SIGNATURE A.C. Werner & Chief Pro. D. Chief Pro. D.	rother			
19	7 1940	G	Registrar	Address VAH, Ft. Howard, Md. Date signed,	17_76 1.9			
(Date rec'd by re	gistrar)		Kegistrar	Address	PPE_T40-140-			

# WRITE PLAINLY, is especially PLEASE NS

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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0	2	1
	-	6

Registrar Address VAH FORT HOWARD Date signed 11-6-18

11146

#### CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DE.		re		2. USUAL RESIDENCE (HOME) OF	DECEASED:	
			~d	State Maryland cour	10	wale
City or town(If o	utaide city or town li	mits, write h	rd URAL and give nearest town)			
How tong in above place	of death?	Days	***************************************	City or town Westministe	write RURAL and give nea	rest town)
Hospital, institution, or	street address where	death occurre	<b>!:</b>	Street No. Route # 4		
			oward, Maryland	(lf rural, give	LOCATION)	
How long in hospitat or	tnstitution?	Day	***************************************	2.(a) t1 veteran, name warSAW	***************************************	V
3. (a) FULL NAM	E				3. (b) Social Security	Number
	EDWA	RD H.	BROWN			
4. Ser	5. Color er race	6.(a)\$ingl	e, married, widowed, or divorced	MEDICAL CE	unknown	
Male	White	Ma	rried			
1000	***************************************			20. DATE OF DEATH No. Wember 6,	1948	, all:40.A
6.(6) Name of Rushama	or wite Grac	e Brow	n.	21. I CERTIFY that death occurred on the date about		
		6.0	c) 11 alive, give age	November 5,		
T. Birth date of	. 1–30–7	79	-> Is aniel Bite ale	and that I last saw himalive onNo.Vi	ember 6,	19 48
deceased (mo., day, y		Days	If less than one day	Immediate cause of death		DURATION
O. 1.GL.		6		Hypertensive and arter	riosclerotic	
76			hrsmin,	cardiovascular disease	<b>2</b>	10 yrs.
9. Birthplace	Baltimore (	county, and	Md.	Due to	<del>-</del>	
						• • • • • • • • • • • • • • • • • • • •
10. Usual occupation		г.У	***************************************	Bue 10		
11. Industry or busines						
12. NameGe	orge W. B	own	•	Other conditions Encephalopathy		al
	laryland			hypertension & arterio		
14 Maiden name	Sarah Free	derick		(Include pregnancy within 8 m		
14. Maiden name.	Maryland	***************************************		Major findings of operations		
				··········		
			Tets. Adm. Hosp.	Autopsy results		
Address	Fort Howard	i, Mar	yland			statisticany.
, Buria	1	Bala thes	Mor. 9-48	22. VIOLENCE: If death was due to external caus		
(Burial, cremation	or removal. Which?	) pare ther	eot	Accident, suicide, or homtcide	Date of	
Cemetery or cremato	westmin	ster C	emetery	Where did injury occur?	(County)	(State)
	Westmin	ster,	Md.	Injured al home, tarm, industry, public place (wh		
Location	TTownson	Domles	2 % Ca-	Means of Injury	tnjured at work?	
18. Funeral director	Harvey	*********************		Means of Hijury	injuide at noin:	
Address	Westmin	ster,	Md.	(18-1111)		
	2 . 4.6	X	P Hosh	A.B. FRENCE, M.D	M. D.	or other
19. MOS	riatrar) 184.8	~ ~ (	Registrar	Address VAH FORT HOWARD	•	

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

113

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			CERTIFICA	IE OF DEA	111	Reg. Dist. No	
1. PLACE OF DEA	TH: Ltimore	,			NCE (HOME) Of funts give residence of r	/ /	0.6
ounty	Fort H	oward	URAL and give nearest town)	State Mary	land cour	oty	<i>y</i>
City or town(If ou	tside eity or town	limita, write k	tURAL and give nearest town)	City or town We	estminister		
How long in above place o	f death? 20	Days	•••••	11		, write RURAL and give nea	
Hospital, Institution, or street address where death occurred:  Vets. Adm. Hospital, Ft. Howard, Maryland				Street No. 12 Ur		***************************************	***************************************
vets. Adm.	Hospital	P F U . I	iowaru, maryianu		(If rural, give.	LOCATION)	/
How long in hospital or l	nstitution? 20	Days		. 2.(α) If veteran, name w	31 WW-1		
3. (a) FULL NAME						3. (b) Social Security	Number 📹
	ηŢ	HOMAS V.	BRUCE			213-18-906	),
4. Sex	5. Color or race		e, married, widowed, or divorced		MEDICAL CE	RTIFICATION	
Male	Colore	1	Divorced		Massamhass	1.0	חיזל ה
Morre	001016	α [	DAL TOL COC			10, 19 48	
6.(b) Name of husband o	wife Divo	rced		21. I CERTIFY that deat	h occurred on the date about	re stated; that I attended dece	ased from
		6.(	c) If alive, give ageyear	·	No ve	mber 10,	1.8
7. Birth date of deceased (mo., day, yr.	10-11	-1889		and that I last saw n	TRATTITETE OF	RIGHT SIDE	DURATION
8. AGE: Years	Months	Days	If less than one day				
59	0	29	hrs. mir			***************************************	
		1	1				
9. Birthplace	aryland	. eounty, and	state)			18	
				oue to			**
11. Industry or business	1.C 1 D					***************************************	
E 12. NameA	Lirea Bru	ice		Other conditions	None	***************************************	
13. Birthplace	ryland			- (Inaly	de pregnancy within 3 n	nonths of death)	
置 14. Maiden name	Ida Smit	h					
14. Maiden name  15. Birthplace	ryland						
						Date of op	
	nical Rec ort Howar		Vets. Adm. Hosp.	PHYSICIAN: Please u	Substantiate aderline the cause to wh	d. a bove	statistically.
1	TV2			22. VIOLENCE: If dea	th was due to external cau	ses, fill in the following:	
17. Durial, cremation,	A Samuel Which	Date ther	reol 700. 13, 1948 (month) (day) (year)	Accident, sulcide, or ho	micide	Date of	
			Geneticy		(City or town)		
Cemetery or cremator							(State)
Location Wila	lmins	In	mal.		Industry, public place (wh	nere?)	
18. Funeral director	4Bane	kar	of Hone	Means of Injury	1	Injured at work?	
			2	1/2	11/1/10		
Address Que	lmini	les y	nd.	23. SIGNATURE	VACAN A	Ð. M. D.	
"no. 1	1- 1948	( d)	Gwam to Kart	5 A			
(Bato rec'd by reg	istrar)		Registra	Address VAH, F	ort Howard,	Md. Date signed.	11/11/48

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BUREAU V. S.

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PLEASE WRITE PLAINLY, is especially

o'd by registrar)

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

11195

	Keg. Dist. No
1. PLACE OF DEATH:  County Baltimore County  City or town Towson 1. Maryland  (If outside city or town limits, write RURAL and give nearest town)  How long in above piace of death?  Hospital, institution, or street address where death occurred:  End owood Sanatorium, Towson 1. Md  How iong in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)  State
3. (a) FULL NAME Grant Mar Bryant	3. (b) Social Security Number 534-15-087
4. Sex S. Color or state 6.(a) Single, married, wildowed, or divorced brings	MEDICAL CERTIFICATION  20. DATE OF DEATH. NANLANDES 27 1945 21 9:55 9
8.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  Model and that I tast saw b
8. AGE: Years Months Days If less than one day	Immediate caose of death  DURATION  DURATION  DUE 10.  DUE 10.  DUE 10.
12. Name	Other conditions
Address Endowood Sanatorium, Towson 1, Md.  17 Burial, cremation, or removal. Which?)  Cemetery Peremation of the Management of the Manage	Actopsy results
Address Town Maryland	23 SIGNATURE N. A. Bridges

Address Towson L, Maryland



DEC 7 1948

BUREAU V. S.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

14a

11148

Reg. Dist. No.

1. PLACE OF DE	ATH: BALTIM	ORE	re.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
		_	URAL and give nearest town)	State Md County			
			URAL and give nearest town)	City or town			
	e of death? r street address where (			(If outside city or town limits, write RURAL and give nearest town)  Street No. 2639 Purnell Drive			
***************************************			*****	Street No. 2003 FULTIELL DILVE (If rural, give LOCATION)			
How long in hospital of	or institution?		•••••••••••••••••••••••	2.(a) If veleran, name war			
3. (a) FULL NAM	IE			3. (b) Social Security Number			
		Geo	rge O.Burgess				
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CERTIFICATION			
Male	White		Widower	20. DATE OF DEATH 11/36/48 19 21648	FP.		
6.(b) Name of husband	or wife Gerti	ude (	Griffiths	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from			
* 01.15 3.1	20.00.00.00.00.00.00.00.00.00.00.00.00.0	6.(0	t) It alive, give ageyear	s and that I last saw h 444 alive oo 11/30/48 19.			
7. Birth date of deceased (mo., day,	yr.) Se	ept 12	2 1874	Immediate cause of death DURATI			
8. AGE: Year	s Months	Days	If less than one day	coveracy occlesses 15 n			
7	4 2	18	mln.				
9. Birthplace	Elizabe	th C	Lty N.C.	Due to			
AA WOOD A CONTRACT	Ret		tuate)		*********		
			argain House	Ove to	********		
				Other conditions			
12. Name			rolina				
				(Include pregnancy within 3 months of death)			
14. Maiden name. 15. Birthplace			rolina	Major findings of operations			
				- Date of op.			
	Ora B.			Autopsy resolts.  PHYSICIAN: Please wederline the cause to which death should be charged statistically.			
Address 26	39 Purne	ll Dr	ive				
17 Bur	ial	Date there	mooth) (day) (year)	22. VIOLENCE: If death was due to external causes, till in the following;  Accident, sulcide, or homicide			
Cometery or cremat	JAZ /	oodla	wn Cemetery	Where did injury occur?			
Location	V/ Woo	od Daw	n/Md ()/	Injured at home, tarm, industry, public place (where?)			
18. Funeral director	/X/Mssin	1//	muacoel	Means of injury lojured at work?			
Address 42	204 Ridgev	book	Ave	HUHALDOL			
19 Xle	1 19 48	· K	2 W Nedril	23. SIGNATURE M.D. or other	F		
19. (Date rec'd by Fe	oistrar)	- 7	Registrar	Addrage 5 201 Herrywe Jak Bata storage 2/1/4	-0		

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

9381

11149

CERTIFICAT	TE OF DEATH Reg. Dist. No	6
1. PLACE OF DEATH:  County  City or town  (If outside sity or town limits, write RURAL NEAR and give town)  Street address, hospital, or intilituiton:  9505  Stay in hospital or inst. (yrs., or mos., or days)  Stay in this community (yrs., or mos., or days)	2. USUAL RESIDENCE (HOME) OF DECEASED:  For newborn infants give residence of mother)  State County County County  City or town (if outside city or town timits, write RURAL NEAR and give Street No. 200 (If rural give LOCATION)  2(a) IF VETERAN, NAME WAR	rd Notown)
3. (a) FULL NAME	3. (b) Social Security	Number
4. Sex  5. Color a race  6. (a) Single, parried, widowed, or divorced  6. (b) Name of husband or wife _	MEDICAL CERTIFICATION  20. DATE OF DEATH	
16. Informant In Deiny B Walters (Son)	Of operations	Please underline the cause to which death should be charged statistically.
Address 9505 Canford Coad.  17. Guard Bate thereof (month) (day) (year)  Cemetery or crematory Battern Coadless	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide	(State)
18. Funeral director  Address  19. May 19. 48 a. N. Heliush  (Date rec'd by registrar)	23. SIGNATURE AND HOLDY M. D. Address 5703 Harful Date signed	or other,

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefull, is especially important. Physicians: please write the causes of death clearly and

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

11150

er. Diat. No. 37

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For previous infants give residence of mother)
County Total Lynn County	and.
(If outside city or town limits, write RURAL and give nearest town)	13 altino
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 6501 Slen Vale live
Masonic Isome, Cockeysville Int	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Smma Jane Codd	213-03-4276 D.
4. Sex EMALE 5. Colorlar race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widow	20. DATE OF DEATH Har 6 19 48, at 10 30.
He are Thomas Codd	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6, (b) Name of husband or wife Allocation Shamiles.	Sept. 29 19 4 8 10 Her 6 19 48
7. Birth date of P. C. S.(c) If alive, give age years	and that I last saw h And ative on 19 48
deceased (mo., day, yr.) Jet. 11 - 1875	Immediate cause of death
8. AGE: Years Months Days If less than one day	
73 8 1.16hrsmin.	Carcinoma Toladder
8. Sirthplace Haltinian (Town, county, and state)	Due to
1/	
1B. Usual occupation	Due to
11. Industry or business	
12. Name Theother J. Tusky 13. Birthpiace Hyr Hills	Other conditions
	(Include pregnancy within 3 months of death)
# 14. Maiden name Charles Chema	Majar findings af aperatians
15. Birthplace Balteringere, Hdd	Date of op
18. informant Laura MA Schwedler	Autopsy results
Address Apsonic Home, Cockerpoulle B	22: VIOLENCE: If death was due to external causes, fill in the following;
17. 13. Bate thereof. (month) (day) (year)	22: YIOLENCE: It death was due to external causes, this in the totological.  [Accident, suicide, or homicide
(Burial, cremation, or removal, Which?)  Bale lhereol (month) (day) (year)	
Cemetery or crematory	Where did injury occur?
Location Baltimore Hel	Injured at home, farm, Industry, public place (where?)
18. Funeral director Hans Curk	Meens of injury Injured at work?
Address St. Vaul & Pricton St	23. SIGNATURE Walter T. Kees M. D.
Mer & US & Sale and a	M. D. or other
(Date red by registrar)  (Date red by registrar)  (Date red by registrar)	Address Cockeprille 40 Date signed Nov 6, 48

NOV 9 1948

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

			CERTIFIC	ALL OF DEA		Reg. Diat. No	**************			
of de	ATH:			2. USUAL RESIDE	ENCE (HOME) 0	F DECEASED:				
(	Catonsville	)		State Md.	Cou	nty				
(If	outside city or town li	mits, write	RURAL and give nearest town)	Re1	State County Baltimore					
-				City or town(If ou	itside city or town limits	s, write RURAL and give nea	rest town)			
	street address where			430	Ol Penhurst		,			
315	Ingleside A	ve. (	Catonsville Conv	al. Street No.						
			Home	)	(If rural, give	LOCATION)	/			
hospital o	r Institution?			2.(a) If veteran, name w	war					
LL NAM	E	BEAT	RY E. COGGINS			3. (b) Social Security	Number			
		NAI	CI E. COGGINS			no				
	5. Color or race	6.(a)5in	ngle, married, widowed, or divorced		MEDICAL CI	ERTIFICATION				
ale	white		single	2D. DATE DF DEATH	Nov. 5,	19.48	4:20 pm			
of husband	or wife				h occurred on the date and	we stated; that t attended dece	ased from			
			S.(c) If alive, give age	vears lucor	1 19	-47RAZ	19			
of	37 5		The state of the s	and that t last saw h	alive on	077	19.7.8			
(mo., day,				Immediate cause of de	eth A		DURATION			
Year	s Months	Days	If less than one day		Huch 5)	2 a cle	10-15 72			
89	0	2	hrs.		A 10/07	a Ada D				
1	Do 14 4 m a m a	Ma			0 10000	deglerleating	***************************************			
e	Baltimore, (Town,	MQ.	d atata)	Due to	o seems	negeniculas	***************************************			
ccupation.	Teache	r - 1	etired	Due to						
or busines	ss						200			
		rrins								
ne				Dther conditions	******************	.,				
hplace	England	1			ide pregnancy within 3 r					
iden name	Angeline	?								
		9			ations					
hplace						Date of op	.,			
1t. M.1	r. William	Yearl	ey							
4	4301 Penhur	st Av	re.	PHYSICIAN: Please D	nderlipe the cause to wi	hich death should be charged	statistically.			
				22. VIOLENCE: It dea	ith was due to external cau	ises fill in the following;				
	cial	Date th	11/8/48 (month) (day) (year	toridant pulaida or ha	omicide	/				
cremation	n, or removal. Which?)		(month) (day) (year	Accident, suicket, of no						
or cremat	ory	oudor	Park Cem.	Where did Injury occur	?(City or town)	(County)	(State)			
	E	alto.	. Md.			here?)				
director		TICKN	er & sons	Means of Injury		tnjured at work?				
encesul	Balto.,			- du	1132 (11.	1 10 00				
-	10 11		& W. Bels.	23. SIGNATURE	July July	M. D.	or other/			
	19 4-0	1. 19		39024	mary Non	/1	11/6/48-			

information carefully 'Ine correct age of death clearly and legibly. ADING INK. Supply every item Physicians: please write the caus

RESERVED FOR BINDING

MARGIN

1. PLACE OF DEATH:

How long in hospital or institution?....

3. (a) FULL NAME

female

deceased (mo., day, yr.)

6.(b) Name of husband or wife ......

4. Se1

8. AGE:

9. Birthplace ....

10. Usual occupation....

11. industry or business

12. Name ....

13. Birthplace

14. Maiden name ...

Burial (Burial, cremation, or removal, Which?)

Cemetery or crematory......

18. Funeral director.....

(Date rec'd by registrar)

14. Maiden na 15. Birthplace

Address

Address

How long in above place of death?..... Hospital, Institution, or street address where death occurred:

WRITE PLAINLY, is especially ASE

RESERVED FOR BINDING

MARGIN

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered	No. 44
	Registered

1. PLACE OF CATH:  (a) Baltimore City, Maryland  (b) Street address 7405 Bayside Road.	2. USUAL RESIDENCE OF DECEASED: (a) State (b) County	
(c) Hospital or institution:	(c) City or town (If outside city or town limits, write RURAL a	and give town)
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(d) Street No. 7405 Bayside K	wad
(e) Length of stay in Baltimore (yrs., mos., or days)	(e) Citizen of foreign country?	
3 (a) FULL NAME Tholette M.	bote many	4 7 1 2 2
3 (b) If veteran, name war 3 (c) Social Security Account No.	MEDICAL CERTIFICATION  20. DATE OF DEATH  20. DATE	10 P. M
4. Sex 5. Color or race 6 (a) Single, married, widowed or divorced. That will be foote	21. I certify that death occurred on the date above stated; ed deceased from april 1977, to Nov and that I last saw here alive on Nov. 4 19	4 1948
7. Birth date of deceased (mo., day, yr May 10 1908) 8. AGE: Years   Months   Days   If less than one day	Immediate cause of death. Cardis - respectory feelure	Durstion 2 days
9. Birthplace Gauton Cl. y (Town, county, and state)	Due to Generalized  carcinomatoris  Due to Carcinoma of cervix	2 year
11. Industry or business Housewife	Other Conditions	
12. Name Frank La Perse	(Include pregnancy within 3 months of death)	PHYSICIAN
13. Birthplace Canada  14. Maiden Nameland La Moine  15. Birthplace		Underline the
2 15. Birthplace angland		charged statis tically.
16 (a) Informant Clearles Cote	22. If death was due to external causes, fill in the follo	wing:
(b) Addres 7405 Bayside Road	(a) Accident, suicide, or homicide	
17 (a) Date thereof Work 1948 (Burial cremation, or removal)	(b) Date of occurrence at (c) Where did injury occur? (City or town) (County)	
(c) Cemetery or crematory	(d) Did injury occur about home, on farm, industrial pla	
Location leanton Olev Jork	place?While at work?While at work?	
18 (a) Funeral director John & Molan	(e) Means of injur	
19 (a) My 5 - 48 Sawson L. Harbe	23. Signature l'obert E. Forber  Address Sperious Point, Md. Date signe	M D

MARGIN RESERVED FOR BINDING

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

184

#### 11153

1. PLACE OF DEATH!	2. USUAL PESIDENCE (HOME) OF DECEASED:  (For newborn infinits give residence of mother)
County Oake Many Dalle Co. M.C.	of State My County Bullingie
(If outside try or town limits, write RURAL and give nearest town)	City or town
How long in above place of death?	Duy Soll Ad
	Street No. (M'rural, give LOCATION),
How long in hospital or institution?	2.(a) If veleran, name war.
3. (a) FULL NAME Clinton Wylie Gowl	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Siligle, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Marced	20. DATE OF DEATH / NOV- 6 1948 21 / 1949 9.6
6.(b) Name of husband or wife Mose B. Beaux	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give age	years 19
7. Birth date of deceased (mo., day, yr.)	and that I last saw h
8. AGE: Years Months Days It less than one day	Immediate value of death Million After warmed DURATION
57 0 5 hrs.	min. Siese betatre datississes lister
9. Birthplace Bunting Slace Balto Ca my	and price involuetin
Jown, country and active	
1D. Usual occupation.	Due to. 11/30/48
11. Industry or business	
12. Name Milliam of Cowly	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Bettie B. Jessey  15. Birthplace Ballingie 6 244	Major findings of operations.
Mr. Thomas to Color	Date of op.
16. Intermant	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Suppor 19 Dollanois 14	22. VIOLENCE: It death was due to external causes, fill in the following:
(Burial, eremation, or removal, Which?)  Date thereof (month) (day (year)	2.11
Cemetery or crematory	Where did injury occur?(City or town) (County) (State)
Location Cockeysville Belly & M.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Chair W. Caullin	Means of Injury 12 Gauge Wit 9111 Injured at work? NO
Address 924 & Eager St	1201 House Man DMF.
moneyley 9 4 4 PW tel	23. SIGNATURE
19. (Date rec'd by regiatrar) Regis	strar Address Date signed 1948

alditenal inf. "accidental" from Dr. Hudson, D. M. E. letter datel 11/26/48. Q.S.

WRITE

PLEASE

SA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11154

CERTIFICAL	Reg. Dist. No.
1. PLACE OF DEATH County.	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	City or town Selline
How long in above place of death?	(If outside city or town limits, write RURAL and give playest town)  Street No. 1505 E. fayette str
County Dunip	Street No. (If rural, give OCATION)
How long In hospital or Institution?	2.(a) If veteran, name war.
3. (a) FULL NAME Army Corande	(KRANDELL)  3. (b) Social Security Number
4. Sex 5. Color or race (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Caf- Single	20. DATE OF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above slated; that I attended deceased from
6.(c) If alive, give ageyeare	
7. Birth date of deceased (mo., day, yr.) May 5- 1910	and that I last eaw h
8. AGE: Years Months Days If less than one day	
38hrsmin.	Ouffreshow by by Tip
9. Birthplace (Town copply, and state)	Due to.
10. Usual occupation	Due to
11. Industry or business	over entiry of the
12. Name Range (GRANDELL.).  13. Birthplace ) Kashington D. 6	Other conditions
	(Include pregnancy within 8 months of death)
14. Malden name Live Invoire  15. Birthplace Larpor M. 6.	Major findings of uperations
15. Birthplace Japon M. 6.	
16. Interment Jassel Edward	Autopsy results
Address 1505 6. fayelle Il	22. VIOLENCE: If death was due to external causes, fill lighthe following:
17	Accident, suicide, or homicide decident,
Cemetery or crematory Met Calvery Ce	Where did injury occur? (City or town) (Conaty) (State)
Location Brookelyn Ind	Injured at home tarm, industry, public place (where?)
18. Funeral director Elroy O. Julson	Meene of Injury touse burney. Injured at work? Thomas
Address 1000 Brantley Ste	mon mine mis
Love 19 to 48 John B. Connells	23. SIGNATURE M. S. Syr other
(Date rec'd by registrar) Registrar	Address Defection Comment of Date street



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BUREAU V. 8.

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11155

#### CERTIFICATE OF DEATH

Reg. Dist. No. 32

					Reg. Dist. 110	
1. PLACE OF DI	imore			2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	DECEASED:	
County Baltimore  Mount Wilson  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 1 yr., 7 mos., 27 days  Hospital, Institution, or street address where death occurred. Mt. Wilson  Branch, Md. T. B. Sanatorium  How long in hospital or institution? 1 yr., 7 mos., 27 days		stateMaryland council City or town Baltimore C:  (If outside city or town limits.	ty write RURAL and give ne	arest town)		
		Street No. 341 S. Newkirk (If rural, give I	LOCATION)	/		
3.(a) FULL NAME  Mr. Antonio Cristaldi			3. (b) Social Security 213-07-2	Number		
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Male	White	V	Vidower	20. DATE OF DEATH November 16	1948	1:30 A
6.(b) Name of husband or wife Mary Cristaldi  6.(c) Halive, give age years  7. Birth date of deceased (mo., day, yr.) July 4, 1895 (Approximate		21. I CERTIFY that death occurred on the date abov  March. 20., 1947.  and that I last saw h. i.Mative on Nov.6	7Novl ember 16,	6.,19.48. 19.48.		
8. AGE: Yea 53	months Months	Days	If less than one day	Pulmonary Tubercu.	losis	4 yrs.
9. Birthplace				Due to. Tubercle Bacill	i	
12. NameJohn Cristaldi 13. Birthplace Italy		One(Include pregnancy within 3 m				
14. Maiden name Mary ?		Major findings of operations NO. O.D.C.	ration			
18. Informant Antonio Cristaldi Address 341 S. Newkirk St., Balto., Md.		Autopsy resolts. No autopsy PHYSICIAN: Please ooderline the caose to which death should be charged statistically.				
Burial (Burial, cremation, or removal, Which?)  Cemetery or crematory St. Charles Cemetery		22. VIOLENCE: It death was due to external caus Accident, suicide, or homicide Where did injury occur?(City or town)	Date ot			
Location Pikesville, Maryland				injured at home, tarm, industry, public place (wh		
18. Funeral directorNewell & Sons Address Rikesville, Maryland		Means of Injury	Injured at work?  Shoeff. D.	a mid		
19. NOV. 16. 19. 48 Nola R. Mayer (Date rec'd by registrar)		Address Mt. Wilson, Md.	D. D. Date signal	or other 1/16/48		



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VS\_A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH 11156

Reg. Diat. No. 3

State. MR 24 NAME  (If cuttable city or town Intelligent of Seath). (If cuttable city or town Intelligent or Intelligent of Seath). (If cuttable city or town Intelligent or I	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
Rev long in about pict of death?  Respital, institution, or street address where death accoured:  Respital, institution, or street address where death accoured:  Rev long in hospital or institution?  3. (a) FULL NAME  A. See  S. Color cyfact  A. See  S. Color cyfact  A. See  S. Color cyfact  S.	County BALTIMONE	(For newborn infants give residence of mother)
they long in above lace of death?    Continue of the state of the stat	City or town HENNWOOD	
Street No.   Street address where death occurred:   Street No.   Str	Haw love to above place of death?	City or town. HERN WOOK
Street No. 16 trans, sive LOCATION)  3. (a) FULL NAME  4. Set  5. Color of fact  6. (a) Single, married, videwed, or divorced of the death occurred on the date above stated: that a standed deceased from 18. He was a state of the death occurred on the date above stated: that a standed deceased from 18. He was a state of the death occurred on the date above stated: that a standed deceased from 18. He was a state of the death occurred on the date above stated: that a standed deceased from 18. He was a state of the date of the death occurred on the date above stated: that a standed deceased from 18. He was a state of the date of the death occurred on the date above stated: that a standed deceased from 18. He was a state of the date		
Row long in hospital or institution?   2.(a) It return, name war   3. (b) Social Security Number   4. Set   5. Color of year   6.(a) Single, married, widewed, or divorced   NOOKS   3. (b) Social Security Number   4. Set   5. Color of year   6.(a) Single, married, widewed, or divorced   NOOKS   3. (b) Social Security Number   4. Set   5. Color of year   6.(a) Single, married, widewed, or divorced   NOOKS   18. Set   18. S		
3. (d) FULL NAME  4. Sex 5. Color cofreed 6. (a) Single, married, videwed, or diverced Widowski, or diverced W	New long in hespital or institution?	
4. Sex S. Color oyres		Z.\u)     feleran, name war
8. (a) Hame of hubband or wife.  8. (b) Hame of hubband or wife.  8. (c) Hame of hubband or wife.  8. (d) Hame of hubband or wife.  9. (d) Hame of hubband or wife.  10. (d) Hame of hubband or wife.  10. (d) A	= 4. 0	
8. (b) Name of husband or wife.  1. Birth data of the state of the sta		
8.(6) Name of husband or wife    Second   Second	M W WidowEr	30
18. Birthplace. Canall Co. May XVI.  8. Birthplace. Canall Co. May XVI.  9		21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day   Injured at work?	DECEASED B.(c) It alive, give age years	
8. AGE: Years Months Days If less than one day 9/1 9 22 hrs. mle.  9. Birthplace. Camall Co. March Md.  10. Usual occupation. TARMEN  11. Industry or business  12. Name. NELSON C. MOOKS 13. Birthplace ARROLL Co. MARCHANG  14. Malden name.  15. Birthplace Unknown  16. Informati Clark ES H. Bitzel  Address WEST MUNSTEN - Route Co. MC.  16. Usual, cremation, or removal. Winchi)  17. Burind, cremation, or removal. Winchi)  18. Funeral director Crematory. MM. Oh. US  18. Funeral director Command. ARROLL Co. MR.  18. Funeral director Command. ARROLL Co. MR.  19. Industry or command. ARROLL Co. MR.  19. Industry or business  19. Due to.  19. Due to.  10. Due to.  11. Industry or business  12. Name. NELSON C. MOOKS  13. Birthplace  14. Malden name.  15. Birthplace  16. Industry or findings of operations.  16. Industry or cremation, or removal. Winchi)  17. Due to.  18. Industry or business  19. Due to.  19. Due to.  11. Industry or business  19. Due to.  11. Industry or business  19. Due to.  11. Industry or business  10. Usual occupation.  11. Industry or business  12. Name. NELSON C. MOOKS  13. Birthplace ARROLL Co. MARCHANG  (Include pregnancy within a mouths of death)  19. Due to.  11. Industry or business  10. Due to.  11. Industry or business  11. Malden name.  12. Name. NELSON C. MOOKS  13. Birthplace  14. Malden name.  15. Birthplace  16. Industry of business  17. Person underline  18. Industry of business  19. Due to.  11. Industry or business  19. Due to.  11. Due to.  11. Industry or business  19. Due to.  11. Industry or business  19. Due to.  11. Due to.  11. Due to.  12. Name. Defended to the control of death March Theology  19. Due to.  11. Due to.  11. Due to		
8. Birthpiace. Canable Co. Mary AND  10. Usual occupation. TA. RMEN  11. Industry or busingss  12. Name. NEL-SON Crooks  13. Birthpiace ARROLL Co. MARULAND  14. Malden name.  15. Birthpiace Underson  16. Informant. NAMES No. 15. Birthpiace  17. Rame. NEL-SON Crooks  18. Informant. NAMES No. 15. Birthpiace  19. Informant. NAMES No. 15. Birthpiace  20. Informant. NAMES No. 15. Birthpiace  21. VIOLENCE: If death was due to external causes, till in the following:  10. Informant. NAMES No. 15. Birthpiace  22. VIOLENCE: If death was due to external causes, till in the following:  10. Informant. NAMES No. 15. Birthpiace  22. VIOLENCE: If death was due to external causes, till in the following:  11. Industry occur? (City or town) (County) (State)  12. Informant. NAMES No. 15. Birthpiace  13. Birthpiace  14. Malden name  15. Birthpiace  16. Informant. NAMES No. 15. Birthpiace  16. Informant. NAMES No. 15. Birthpiace  17. Informant. NameS No. 15. Birthpiace  18. Informant. NameS No. 15. Birthpiace  19. Informant. Na		
Due to  11. Industry or business  12. Name. NELSON CROCKS  13. Birthplace CARROLL CO, MARULAND  14. Maiden name.  15. Birthplace  16. Informant CARLES H. Bit JEP  Address WEST MINSTEN - ROUTE 6, MC.  17. Burlal, cremation, or removal. Which?  Cemetry or grematory.  18. Funeral director Carlot County March County (State)  19. Funeral director Carlot County (State)  Injured at work?	0, 0 10	cargio vascolar disease 10 975
Due to  11. Industry or business  12. Name. NELSON CROCKS  13. Birthplace CARROLL CO, MARULAND  14. Maiden name.  15. Birthplace  16. Informant CARLES H. Bit JEP  Address WEST MINSTEN - ROUTE 6, MC.  17. Burlal, cremation, or removal. Which?  Cemetry or grematory.  18. Funeral director Carlot County March County (State)  19. Funeral director Carlot County (State)  Injured at work?	9. Birthplace Canall Co. Mary XVd	Due to
Description of the conditions of death and the conditions		Due to
14. Maiden name.  15. Birthplace  16. Informant CARLES H. Bitzer  Address WESTMINSTEN - Route 6. Ma.  (Burial, cremation, or removal. Which?)  Cemetery or grematory MA. Oh 16  Location MAN Address Taun MARY + Male  18. Funeral director.  18. Funeral director.  18. Funeral director.  19. Major findings of operations.  Major findings of oper	11. Industry or business	
14. Malden name.  15. Birthplace  16. Informant CARLES H. Bitzer  Address WEST MINSTEN - Route 6. Ma.  17. Burlat. cremation, or removal. Which?  Cemetery or crematory.  Location MANAGAL Strum, MARY And Injured at home, farm, industry, public place (where?)  18. Funeral director.  19. Major findings of operations.  Major findings of operat		Other conditions Hypertrophic arthrits
14. Malden name  15. Birthplace  16. Informant CANALES H. B. IT JEP  Address WEST MINSTEN - Route 6. Md.  17. D. W. A. Common of removal. Which?  (Burlal, cremation, or removal. Which?)  Cemetery or crematory.  Location MANACH Stawn, MARY AM  18. Funeral director.  18. Funeral director.  18. Funeral director.  19. Injured at home, farm, industry, public place (where?)  Major findings of operations.  Matops Autops A	13. Birthplace CARROLL CO, MARULANCE	general/reg
18. Informant CARLES H. Bitzer  Address WEST MINSTEN - Route 6. MG.  17. Burial, cremation, or removal. Which?  Cemetery or crematory. Mr. Ohive  Location AAN ACAL Stawn. MARY AM  18. Funeral director. January 19. Paivell  18. Informant CARLES H. Bitzer  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  College of the cause to which death should be charged statistically.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  College of the cause to which death should be charged statistically.  College of the cause to which death should be charged statistically.  College of the cause to which death should be charged statistically.  College of the cause to which death should be charged statistically.  College of the cause to which death should be charged statistically.  College of the cause to which death should be charged statistically.  College of the cause to which death should be charged statistically.  College of the cause to which death should be charged statistically.  College of the cause to which death should be charged statistically.  College of the cause to which death should be charged statistically.  College of the cause to which death should be charged statistically.  College of the cause to which death should be charged statistically.  College of the cause to which death should be charged statistically.  College of the cause to which death should be charged statistically.  College of the cause to which death should be charged statistically.  College of the cause to which death should be		
Address WEST MINSTEN - ROUTE 6, MG.  17. Burnet Commentary Date thereof Molical Status (month) (day) (year)  Cemetery or crematory Mr. Ohive Location MANAGAL Staur MARY AND Location MANAGAL Staur Manager Ma	\$ 15. Birthplace Unknown	
Address NEST MINSEV - 100TE 6, May  17. But A L. Bate thereof Moll 22 48  (Burial, cremation, or removal. Which?)  Cemetery or crematory. Mr. Oh 106  Location MAN Adal Staun. MARY AND  18. Funeral director. Manual. A Maintell Manual	, , ,	
17. (Burial, cremation, or removal, Which?)  Cemetery or crematory.  Location NANGOL STAWN MARYLAND  Location NANGOL STAWN MARYLAND  18. Funeral director.  Means of Injury  Accident, suicide, or homicide.  Where did Injury occur?  (City or town) (County) (State)  Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?	Address WEST MINSTEN - HOUTE 6, Md.	
Cemetery or crematory. Mr. Oh 116  Location NAN doubt staun. MARUL AND  Injured at home, farm, industry, public place (where?)  18. Funeral director. Thank H. Maruel  Means of injury  Injured at work?	17. Burks greenetton or removal Which?)  Bate thereot. 70.00 22 - 48  (Burks greenetton or removal Which?)	
Location NAN day Stawn, MARY AND Injured at home, farm, industry, public place (where?)  18. Funeral director Thurs H. Means of Injury Injured at work?	408 (0) (1)	Where did injury occur? (City or town) (County) (State)
18. Funeral director Thank H. Meivell Means of Injury Injured at work?	Location NANDONLSTOWN, MARULAND	
0:1:00.00	( ) - ( ) - 2 2 20	Means of Injury Injured at work?
mention   Market   Market	Address Pikesville, maryland.	Millard T. Trafand
19. 11/19/ 19.48 Parties 23. SIGNATURE 3. 400 Mba dhise Are Balt ? 11/19/48	19. 11/19/ 19 48 non 9. Martin	3 400 Wandhis Be Balt 7 4. 11/19/48

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DEC 6 1948

BUREAU V. S.

2411 N. Charles St., Baltimore

11157

#### CERTIFICATE OF DEATH

	Nog. Dist. 10
1. PLACE OF DEATH: Baltimoie	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn lufants give residence of mother)
outily	State Mary land county Baltimore
City or town (If outside city or town limita, write RURAL and give nearest town)  How long in above place of death? 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	City or town
How long in above place of death?	
	Street No. Upper Glencoc Road (Ifrural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME John Henry Crutch	Field 3.(b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH NOVEH BEL 10 1848 21 1:45
B. (b) Name of husband or wife Lottie Virginia Crutch Field	21. I CERTIFY that death_occurred on the date above stated; that I attended deceased from
4.0	August 1947 to November 194
7. Birth date of decased (mo., day, yr.)  April 30, 1883	and that I last saw h. I Halive on November 8 194
8. AGE: Years Month's Days If less than one day	Immediate cause al death DURATIO
65 6 10 hrs.	Cerebral Vascular Accident 3 day
4/1// 1/// 1/// 1//	inia Due to Hypertension 2 year
(Town, county, and state)	
1D. Usual occupation. Laborer	Due to Arterio sclerosis 2/2/c
11. Industry or business  Andrew Lewis Crutch Field	
E 12. name	Other conditions
	(include pregnancy within 3 months of death)
14. Maiden name Merry Woods  15. Birthplace Virginia	Major findings of operations.
	Date of op.
16. Informant Eugene Crutch tield	Antapsy results
Address Grencoe, Md.	PHYSICIAN: Please underline the cause to which death ahanld be charged statistically.
17. Burial, cremation, or removal, Which?)  Date thereof. Mww. 12, 1942 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) (month) (day) (year)	
Cemetery or crematory	Where did injury occur?
Location Sparker and	Injured at home, farm, Industry, public place (where?)
18. Funeral director Sandan M Brooks	Means of injury Injured at work?
Address Samla mol	borety T. Kees hr. D.
11-10- 48 Wilmer C.Enson	23. SIGNATURE M. D. or other
19	trar Address Cockeysville, Md. Date signed 10 Nov.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

RECEIVED

NOV 16 1948

BURSAU V. S.

MARGIN RESERVED FOR BINDING

VS-A15

correct age

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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11158

#### CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County.	The 1 Raltino
(If outside city or town limits write RURAL and give neerest town)	alalatharha ha
How long in above place of dealh? 2 Oyrs	(If outside city or town limits, write RURAL end give nearest town)
Hospital, institution, or street address where death occurred:	Street No. Danna ane
- Hanna yre	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Myrtle L.	Lanner
4. Sex 5. Color or race 6.(9) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 25
Remale white married	20. DATE OF DEATH 70 22 nd 19 48 at 11 A.M.
a shu At	21. I CERTIFY that death occurred on the date above stated; that, attended deceased from
6.(b) Name of husband or wife.	June 1946, 10 Mor 22 1948
7. Birth date of	and that I last saw hER alive on Ann. 22 19.48
deceased (mo., day, yr.)  8 A.G.E. Years   Month   Days   If less than one day	Immediate cause of death
TO MO	f (Mypophite) luk.
3 8 min.	erminof Merimonia:
9. Dirippiace the shoulle he warouna (Town, county, and state)	Due to.
10. Usuat occupation & ouse wife	Condiar Tarus
+ -1	Que to Que lessel Car Cino matrio 1 glas.
11. Industry or business	
12. Name & William Lowe	Other Conditions
13. Birthplace Ishville M. Garvina	(Include pregnancy within 3 months of death)
14. Maiden name Jane E dney 15. Birthplace Al shville n. Carolin	Major findings of operations
\$ 15. Birthplace fly shoylle M. Carolin	L
16. Informant Mr John H. Danner	Antopsy results
Address Planna Uve (Hale	PHYSICIAN Please underline the cause to which death should be charged statistically.
m 10	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?)  Date thereof (month) (day) (rear)	Accident, suicide, or homicide
Cemetery or crematory Loudon Jear & Plen	Where did Injury occur?
Location 3801 Fireflerick thre	Injured at home, farm, industry, public place (where?)
Och a Lowan & Son	Meane of Injury Injured at work?
18. Funeral director. A 3 1 L Shins St	0111111111
Address 70/1000 Stocking St.	23. SIGNATURE Marles Commose ( M. D. op other
19 Nov. 23 1948 A Whedie	Quality Och (N. Low board St. Data clared Myt. ) 2-48
( registrar)	ADDIESS

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

Reg. Diat. No.

PLACE OF DEATH:  ounty	2. USUAI. RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Maryland County  City or town Baltimore  (If outside city or town limits, write RURAL and give nearest town)  Streel No. 629 Franklintown Road  (If rural, give LOCATION)  2.(a) If veteran, name war.
(a) FULL NAME	3. (b) Social Security Number

Hospital, Institution, Spr.	or street address where ing Grove St	onths, 5 days  death occurred:  tate Hospital  onths, 5 days	Street No. 629 Franklintown Road (If rural, give LOCATION)
3. (a) FULL NA		nn E. Davis	3. (b) Social Security Number None
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white widowed			20. DATE DE DEATH No vember 8 19.48
	************************************	ennie Detell  6.6) If alive, give age D  30, 1868	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from  August 3. 19 48 to November 8 19 48  and that I last saw h im alive on November 8 19 48  Immediate cause of death K toward for DURATION
8. AGE: YO	ears Months	Days If less than one day	min. I west
9. Birthplace	Retire Carper Richar Maryl:	rd Thomas Davis	Major indiags of operations.
Cemetery or cren	Cat ons	Date thereof II/II/48 (month) (day) (ye	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
	George J.		Meens of injury Injured at work?
Address	1755 Harfor		Isadore Tuerk, M.D.

19. Nov 16 19 48 Q. W. Hedreck Address Catonsville 28. Md. Date signed 77. 8 18

MARGIN RESERVED FOR BINDING

1116()
Reg. Diat. No. 30

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For prowborn infants give residence of mother)	
County or town	County Balton	
How long in hospital or Institution?	(If rurel, give LOCATION)  2.(a) If yeleran, name war.	
3. (a) FULL NAME	3. (b) Social Security Number	
4. Sex S. Celer er race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH.  20. DATE OF DEATH.  20. DATE OF DEATH.  20. DATE OF DEATH.	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
7. Birth date of decsased (mo., day, yr.) 2100 / 3 / 868	and that Mast saw h. C.C. alive on	
8. AGE: Years Months Days If less than one day	in Coronory Thombosis 48/11	
8. Birthplace Tangle (Town-county, and state)	Due to Corpià - Vascular Renal Div. 24	
10. Usual occupation	Due to Preymonia (Lobor) 48 h	
11. Industry or business full and standard for the standa	Other conditions	
14. Maiden name Ala Cardon Mariel  15. Birthplace	(Include pregnancy within 3 months of death)  Major fiedings of operations.	
many of all literal	Autopsy results	
Address 29 Bakdale as	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following;	
17. (Burial, cremation, or removal. Which?)  Bale thereof (month) (day) (year)	Accident, suicide, or homicide	
Cometery or crematory that left Acus al	Where did injury occur?	
18. Funeral director and an Mark	Msens of injury Injured at work?	
Address Catourille Ma.	23. SIGNATURE M. D. OFFICE M. D	

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NOV 18 1948

BURLAU V. S.

2411 N. Charles St., Baltimore

11161

# CERTIFICATE OF DEATH

- 3 - 3 - 3			CERTIFICA	IL OI BLAIN	Reg. Dist. No	
1. PLACE OF DEA	TH:			2. USUAL RESIDENCE (HOME) OF	F DECEASED:	
Baltimore Fort Howard				State Virginia Cour	ntv	
City or town				Hampton		
Hospital, Institution, or street address where death occurred:  Vets. Adm. Hospital, Ft. Howard, Md.  How long in hospital or institution? 205 Days			et. Howard, Md.	Street No	enue Location)	
3. (a) FULL NAME					3. (b) Social Security	Number
0. (0)			DISMOND		226-10-59	
4. Sex	5. Color or race	6.(a) Sing	ele, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
Male	Colored		Married	20. DATE OF DEATH November 2,		
6.(b) Name of Russian Co	wite Alic	e Dis	5 mo.nd	21. I CERTIFY that death occurred on the date about the same and that I last saw h implies on Nove	18 10 November	r 2, 19 48
deceased (mo., day, yr	3 8-10-17	7		Immediate cause of death ASP IRAT IC		
8. AGE: Years	Months	Days	if less than one dayhrsmin.	VOMITTUS		Sudden
31	2					m m
			tate)	Due to Sarcoid of Arachr		ll mos
1D. Usual occupation	Unemploye	:d		Due to		
11. Industry or business				Due 14		
置 12. Name Cha	rles H. Di		1	Other conditions None		
	Hampton,			(Include pregnancy within 3 n	nonths of death)	
14. Maiden name E	Stelle Blu Virginia			Major fiedings of operations		
16. InformantC.J.	Fort Howa		VetsAdmHosp.	Autopay results Substantiated PHYSICIAN: Please ouderline the cause to wh	nich death should be charged	d statistically.
17. (But Amaton, or removal) Which?) Bate thereof (month) (192) (year)				22. VIOLENCE: If death was due to external cau  Accident, suicide, or homicide		
Cemetery or crematory Hamplon 10			/ / /QL	Where did injury occur?(City or town)		(State)
Location				Injured at home, farm, Industry, public place (wh	nere?)	
18 Funeral director	Cha	1	. Low	Means of Injury	tnjured at work?	
Address 80	2 mo	نام	son One	23. SIGNATURE N.C. MANAUGH, I		21
1515 (Pate rec'd by reg	(istrar)	0	N A Registrar	H.C. MANAUGH, I	M.D. Chief MPP	os Ber.

ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and

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WRITE

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PLEASE

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1. PLACE OF DEATH:			2. USUAL RESIDENCE (HOME) OF DI	ECEASED:	
County Baltimore City or town Fort Howard, Maryland (If outside city or town limits, write RURAL and give nearest town)					
City or town Fort Howard, Mary Parity			State Maryland County		
(Ir o	utside city of town in	days	City or town Baltimore	ite RIIRAL and give near	rest town)
How long in above place Hospital, Institution, or	of death?	leath occurred:	Street No. 2731 Calvert St.		
		aryland	Street No. 6131 CBLVSTL Sive LOC	CATION)	
V. 2344 g h. 50 A. M.		10 days	2.(a) If veteran, name war		
		AV			
3. (a) FULL NAME	THOMAS R.	DIVER		3. (b) Social Security 1 12-09-4034	Number
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CER	TIFICATION	
Male	White	Married	20. DATE OF DEATH November 14	19.48	3:40P M
	7:37	ian Diver	21. I CERTIFY that death occurred on the date above st	lated; that I attended decea	sed from
6.(b) Name of husband	or wife	Tan Mar	July 27, 1948	10 Nov. 14	18.48
			and that I last saw h im alive on No.vemb	er 14	19.48
7. Birth date of deceased (mo., day, y	Februa	ry 1, 1898	Immediate cause of death		DURATION
8. AGE: Years		Days   If less than one day	PROBABLE CORONARY OCCI	USTON	l day
50	9	13min.	I TOURDAIL VALVANCE VALVA		*********************************
a Birthalasa Ba	ltimore, M	laryland eounty, and state)	Due to Hypertension		3 yrs
				************************************	41 00 00 00 00 00 00 00 00 00 00 00 00 00
1D. Usual occupation	Salesman	1	Due to		
11. Industry or busines					1.0.00000000000000000000000000000000000
質 12. NameCha	rles Diver	•	Other conditions Residuals of the		
- Committee of the comm	Baltimore.		vascular accidents. Lyo	cardial infa	ction
the same of the sa		Kearney	from previous coronary of	cclusion.	
			Major findings nf aperations		
15. Birthplace	Baltimore	e, Maryland		Date of op	
as Informed Clin	nical Bacon	cds	Autnpsy results	***************************************	
			PHYSICIAN: Please underline the cause tu which	death should be charged	statistically.
		ard, Maryland	22. VIOLENCE: If death was due to external causes,	till in the following;	
17. Burial	1 37/12/19	Date thereof. No. V. 12 - 19 T	Accident, suicide, or homicide	Date of	
			Where did injury occur?(City or town)		
		od Cemetery			
		Baltimore, Md.	Injured at home, farm, Industry, public place (where	?) Injured at work?	
		ens & Sons	Means of Injury		
Address 118 1	W. Mt. Toy	al Ave. Baltimbre, Md.	Paul O. Windle		
,1/1	1 40	- MU Hedreck	23. SIGNATURE PAUL O ANDERSON		
19. (Date rec'll by re	egistrar)	Aw Hedrech	Address VAH, Fort Howard,	Ada Date signed	ov.14,1948

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MARGIN

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

		CERTIFICA	IE OF DEATH	Reg. Dist. No.
1. PLACE OF DE Balt	ATH: imore		2. USUAI. RESIDENCE (HOME) OF	
City or town			State Md Countries Countries City or town Parkville (If outside city or town limits	, write RURAL and give nearest town)
			Street No. 3009 DuBoise A	Mo
3. (a) FULL NAM	E			3. (b) Social Security Number None
4. Sex	5. Color or race	EN G. DURGIN    6.(a)Single, married, widowed, or divorced	MEDICAL CE	ERTIFICATION
Female	White	Widow		948 191:35 AM
	Of Wite	lliam H.  6.(c) If alive, give age year	21. I CERTIFY that death occurred on the dale abo	ve stated; that I attended deceased from 4/2/6 19.78
7. Birlh date of deceased (mo., day.	yr.) Fe	b.4,1865		DURATION
8. AGE: Year 83		Days it less than one day 22hrsmin	Immediate cause of death Cerebral  Alsoldium, in COMA	Hemorrhade 2 NEEK
9. Birthplace	House	ounty, and state)	Due to HYPERTE	NSION 5 year
11. Industry or business  12. Name			Dther conditions	
			(Include pregnancy within 3 n	
16. Informant LO		zin Ave.,Parkville,Md.	Autopsy results	ich death should he charged statistically.
17. Buria	on namoual Which?)	Date thereof 11/29/48 (month) (day) (year)	22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide	Date of
Cemetery or cremat	Parkwood Parkvi	.lle,Md.	Where did injury occur?	nere?)
18 Funeral director William Cook, Inc Address 1217 St. Paul St.			Means of injury  23. SIGNATURE HARSES GROT	TMD per Mull Mary
19 (Date rec'd by re	egistrar) 19	Registra	Address 6919 House	KOLKO Date signed 11/20/28

2411 N. Charles St., Baltimore

11164
Reg. Dist. No. 30

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Della March	State Manuelland County Bullimore
City or town. (11 outside city or town limits, write RURAL and give nearest town)	1 Parta anilla
How long In above place of death?	City or town. (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, a street address where death oppured:	Street No
How long In hospital or Institution?	2.(a) It veteran name war.
3. (a) FULL NAME	3. (b) Social Security Number
Clarify of Alm	in/ FMIII. 2.2.0-2.21-64
4. Sex   5. Cotor or race   6.(a)Single, married, widowed or divorced	MEDICAL CERTIFICATION
male White marries	20. DATE OF DEATH 1200. 8 this 18 48 01 5 100
6.(b) Name of husband or wife Laura Shows	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
6,(c) If alive give age yea	Jepy 26 19 8 10 huy 8 1970
7. Birth date of 101 1/ 1040	and that I last saw h / 1/20 alive on
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
68 11 213mi	Cardiac dilatarian T
Balting ond	Antonia Schonotic Cordet
9. Birthplace (Town, county, and state)	lascular disease -?
10. Usual occupation Sallsman	Due to Antonio Schonos 15 - ?
11 Industry or business	- generalizad
H 12. Name William to sulf	Other conditions
13. Birthplace Manyland	(Include pregnancy within 3 months of death)
14. Maiden name Additell Additable	Major fiedings of operations.
15, Birthplace Manulana	
16. Informant Mis Lahura J. Energ	Autopsy results
110 for the form	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address // Smullwood me. 194	22. VIOLENCE: It death was due to external causes, till in the following;
(Burial, cremation, or removal. Which?)  (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Gemetery or crematory MITE	Where did injuly occur? (City or town) (County) (State)
Location Fryederick Auc Bar	Injured at home, tarm, industry, public place (where?)
Fastal Ameril	Means of injury tajured at work?
18 Funeral director Administration of Page Pater	Tan State ( Manuago Mi
Address 608 XT realition must, lawn	23. SIGNATURE DE LA M. D. or other
	M. D. Of Other

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2411 N. Charles St., Battimore

11165

		del
Reg.	Dist.	No.

CERTIFICAT	TE OF DEATH Reg. Dist. No.
1. PLACE OF SEATH  County  Cily or town  (11 outside city or town limits, write RURAL and give nearest town)  How long in good place of death?  Hospital, inditution, or street stigress where death occurred:	2. USUAL PESIDENCE (HOME) OF DECEASED: (For new forn infants give residence of mother)  State
3. (a) FULL NAME after Eppo	3. (b) Social Security Number
6.(b) Name of husband or wife  7. Birth date of deceased (mo., day, yr.)  6.(c) Single, married, widowed, or divorced  8.(c) Single, married, widowed, or divorced  8.(c) Single, married, widowed, or divorced  8.(c) If allive, give age yeare	MEDICAL CERTIFICATION  20. DATE OF DEATH
8. AGE: Yeare Months Days If less than one day  38 hrs. min.  9. Birthplace	Due to. Due to
15. Birthplace  16. Informant  Address  17. (Burlat, Greenmon, or removal, Which?)  Cemetery or crematory. Constant Cons	Actopsy results
19. (Date ref'd by registrar) 19.48 a. W. Hedrich Registrar	antibolity of the left a spate signed of the state

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

11166 Reg. Dist. No. 30

City or town	ltimore tonsville butside city or town li c of death? street address where walescent r institution?	death occurre Home		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION
Female	White	W	idowed	2D. DATE DF DEATH November 18 1948 , al., 50P
	38 7.0	6.0	Eversman c) If allve, give ageyears	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  18. 10. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
8. AGE: Year		Days	It less than one day	Mediate cause of death De So lerose 5452
41	. 5	29	hrs mln.	
1D. Usual occupation.  11. Industry or busines  12. Name	None e Hanger Missou	ri	state)	Due to  Due to  Diher conditions  (Include pregnancy within 3 months of death)
H 14. Malden name 15. Birthplace	Missou		5.V.	Major findings of operations.  Date of op.
14	lrs. Harry Shelbina, M		on	Actopsy resolts
17	ory	Missot Height	month) (day) (year)	22. VIOLENCE: If death was due to external carses, till in the following:  Accident, suicide, or homicide



	2411 N. Charles St., Baltimore	11167
	CERTIFICATE OF DEATH	Reg. Diat. No. 37
1. PLACE OF DEATH:  County	(If outside city o	County Balland of mother)  County Balland of the County Balland of
3. (a) FULL NAME	Walter Fendlay	3. (b) Social Security Number
M. W	20. DATE DE DEATH	ICAL CERTIFICATION  DV Z 2 19.48 at 4A  in the date above stated; that t attended accessed from
71- 3 711	alive, give age years  8, 1873  If tess than one day  and that I last saw h. Associative Immediate cause of death.	0n 19.47 10 11/2 2 19.3 0n 11/2 19.3 DURATH
9. Birthplace	md Due to	(Rt. Illus)
12. Name Dames B.  13. Birthplace May  14. Maiden name Dam May	us dow	ney within 3 months of death)
14. Maiden name  15. Birthplace  Maryl  16. Informant  17. Birthplace	endlay Autopsy results.	Bate of op
17. (Burial, Fremation, or removal, Which?)  Date thereof		
Location Confession II.  B. Funeral director Landers M.	/	ity or town) (County) (State) blic place (where?)
Address Spales Will 11-22- 48 Will	mer C. Ensor 23. SIGNATURE Will	wen for Eur or M.



NOV 26 1948

BUREAU V. S.

2411 N. Charles St., Baltimore

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PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

WRITE

PLEASE

VS A15

MARGIN RESERVED FOR BINDING

# CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County B # LTimoRE	44		
City or town. (If outside city or town limits, write RURAL and give nearest town)	State MARYLAND County BALTIMORS		
(If outside city or town limits, write RURAL and give nearest town)	City or town Los Hile HALL		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, institution, or street address where death occurred:	Street No		
	(If rural, give LOCATION)		
Now long in hospital or institution?	2.(a) if veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
11 - (1)			
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	FORD JR 216-10-1431		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
MALE WHITE MARRIED	20. DATE OF DEATH. 200 27, 180 , at 1240 p. M		
5 (b) Name at based or wife CECECILA FIEDLER	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
O(V) Hame of the ward of the control	april 1744 19 44 10 Oct 23 191744		
	and that I last saw h. A. alive on of 16,		
7. Birth date of deceased (mo., day, yr.) DEC . 31 - 1890			
8. AGE: Years   Months   Oays   It tess than one day	Immediate cause of death		
9. Birthplace B # L T A B R La County, and Blatch	Oue to Several Debiletion		
10. Usual occupation L-Ng 1 Nie to R. Japan R. Mall	Due to Caronina Co Brains.		
11, Industry or business			
	Other conditions		
E			
	(Include pregnancy within 3 months of death)		
14. Maiden name StrogANIH LOVETT  15. Birthplace BALTIMORE COMB	Major findings of operations Community of Brains		
15. Birtholace BALTIMARE COMP	Bate of op. acg 1288.		
To steel p trud de			
16. Intermant	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address lettete Stall, hid	22. VIOLENCE: If death was due to external causes, fill in the tollowing;		
(Burial, cremation, or removal, Which?)  Date thereof (month) (day) (year)			
(Burial, cremation, or removal, Which?) (month) (day) (year)	Application of the state of the		
Gemetery or crematory. Welshing Chapter	Where did injury occur?		
mentione RFA MA	Injured at home, farm, industry, public place (where?)		
Location / Management / Location / Locatio	Means of Injury Injured at work?		
18. Funeral director of feerent & Marketine	1 0. 1		
Address White Hall, Ml.	LOL HE A.		
	23. SIGNATURE M. II. or other		
19 Mor. 29 1948 Mrs Djoward 5 March	VIA O II ON I		
(Date rec'd by registrar) Registrar	Address farellante lul. Date signed nor 29, 41		

MARSHAYS WEST WARES and an an and former CHARLE TANKS HEREET FRICE FORE SA 1276-16-1431 MALE WATE MARKIED La Cocasa Marcar 3 ----27 10 TE BALTONIERE CE Levy or all march and the RECEIVED DEC -6 1948 BUREAU Y. B. Parameter and the second secon A Service Control of the service of CAN STATE OF THE S a new Superior it is a single the

2411 N. Charles St., Baltimore

CERTIFICAL	LE OF DEATH Reg. Dist. No
1. PLACE OF DEATH:  County  City or town.  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death obcurred:  How long in hospital or institution?  3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)  State County County  City or town (If outside city or town limits, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)  2.(a) If veteran, name war.
James G. For	3. (b) Social Security Number 214-03-7668
4. Sex   5. Color or race   Y 6.(a) Single, married, widowed, or divorced   Married	MEDICAL CERTIFICATION  20. DATE OF DEATH
6.(b) Name of husband or wite  6.(c) If alive, give age years  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days It less than one day  6.0 3 27 hrs. min.  9. Birthplace	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from  19
14. Maiden name Josephine Weaver  15. Birthplace Balto - Co. md.  16. Informant Day G. F. a.d.  Address Descar Balto Co. md.	Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: It death was due to external causes, till in the tollowing;
Cemetery or crematory  Location  Date thereof. (month) (day) (year)  Complete the control of the	Accident, suicide, or homicide
18. Funeral director	23. SIGNATURE Of Library E. Emrs 14. D.  Address. Colonyorilla Ond. Date signed 15/11/48

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1. PLACE OF DEATH: 222 Maple Ave	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town.   Dundalk   (If outside city or town limits, write RURAL and give nearest town)	Slate County County		
(If outside eity or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, inslitution, or street address where death occurred:  How long in hospital or institution?	City or town Lundalk (If outside city or town limits, write RURAL and give nearest town)  Street No. 222 Maple Ave  (If rural, give LOCATION)  2.(a) If veteran, name war.		
3.(a) FULL NAME Rosa Fortino	3. (b) Social Security Number		
4, Sex Fomale 5. Color or race White 6.(a) Single, married, widowed, or divorced harried	MEDICAL CERTIFICATION  2D. DATE OF DEATH NOVEMBER 572 19 48 at 70°P. M		
5.(b) Name of wood or xxx Pietre Fortine	21. I CERTIFY that death occurred on the date above stated; that lattended daceased from		
7. Birth date of deceased (mo., day, yr.) A P 12 1 L 1 - 1892	and that I last eaw how alive on 19 48.  Induction cause of death Duparion		
8. AGE: Yeare Months Days It less than one day	Eighte Semondoge 9days.		
9. Birthplace Cosenza Ttaly (Town, county, and atate)  1D. Usual occupation	Due to Due to		
11. Industry or businese			
12. NameFrancesce Magna Falbe	Other conditions		
14. Maiden name Concepta Do Luca  15. Birthplace Italy	(Include pregnancy within 8 months of death)  Major findings of operations		
16. Informant Pietro Fortino (Husband)  Address 222 Maple Ave (Dundalk Md.)	Antopsy results		
Burial Date thereof November 9 1948 (Burial, cremation, or removal, Which?) Cemetery or cremator, St Stanislaus	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide.  Where did injury occur?  (City or town) (County) (State)		
Location Mt Carmel Rd. Lundalk Md.	Injured at home, farm, Induetry, public place (where?)		
18. Funeral director. Should Della live  Address 322 S. High St.	Means of Injury Injured at work?  Injured at work?		
18. 18 CC 70. Besture	M. D. or other		

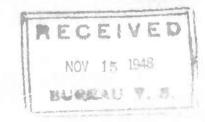
2411 N. Charles St., Baltimore

14471

CERTIFICA	ATE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH	2. USUAL PESIDENCE (HOME) OF DECEASED: (For newhorn infents give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State County
How long in above place of death?	City or town
How long to hospital or institutions Restructive afts,	Street No. (1/ rural, give LOCATION)  2.(a) Hyeleran, name war.
3. (a) FULL NAME Charles Fretung	3. (b) Social Security Number
4. Sex Secolor of race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white stidowed	20. DATE OF DEATH. 100 12 1548 21
6.(b) Name of husband or wife Mattie Fretwell	21. I CERTIFY that death occurred oo the date above stated; that I attended deceased from
7. Birth date of day yr) May 16 = 1890	ars and that I tast saw h alive on 18
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If tess than one day	Immediate cause of death Dynation
58 5 26hrsm	in Coronary Deeluron
9. Sirthplace	Due to feute alerthian 22/
11. Industry or business & alto. Cherrolt Co.	Oue to
12. Name	Other conditions
	(include pregnancy within 3 months of death)
14. Maiden name	Major fiadings of operations
16 Interment Ruchy Lucille Fretwell	
214 01	PHYSICIAN: Please noderline the cause to which death should be charged statistically.
Address 1305 Lange 16.  17. Burial Date thereof Nov. 16 - 48	22. VIOLENCE: It death was due to external causes, till in the following:
(Burial, cremation, or removal. Which? (month) (day) (year)	Accident, sulcide, or homicide
Location (O Donnell St.	(City or town) (County) (State) Injured at home tarm, industry, public place (where?)
18. Funeral director John G. Connelly	Misans of Injury Injured at work?
Address 4/8/ Castern Cong. galeys	Ambaruna Ind.
19 Zrow 15-ct 19 X8 John & Camelle	23. SIGNIURE M.D. or other
(Date rec'd by registrar) Registr	Address Addres

WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and MARGIN RESERVED FOR BINDING

WRITE



				TE OF DEATH	Reg. Diat. No.	7	
1. PLACE OF DEA Bal ti	more			2. USUAI. RESIDENCE (HOME) (For pewhorn infants give residence of			
How long in above place of Hospitel, institution, or s	of death?81 street eddress where	2 Regist deeth occurred:	AL and give nearest town) er Ave,	City or town. Rodgers Forge  (If outside city or town limits, write RURAL and give nearest town)  320 Dunkirk Road  (If rurai, give LOCATION)			
			• • • • • • • • • • • • • • • • • • • •	2.(a) If veieran, name wer			
3. (a) FULL NAME		SARAH G	. GANSTER		3. (b) Social Security N	umber	
4. Sex	5. Color er rece	6.(a)Single, m	arried, widowed, or divorced		CERTIFICATION		
Female	White	Wid	ow .	_ 20, DATE OF DEATHNOV.4	19. 48	et 4:45	
			f alive, give ageyea	"	21. I CERTIFY that deeth occurred on the date above stated; thet attended deceased from  19. to More 4 19.4  end that I lest saw h. L.M. elive on Dovern Cell 14. 19.4		
deceesed (mo., dey, yr 8. AGE: Yeers	Months	Deys	It less than one dey	Immediate cause of death thre	Besie	ouration 12 hr	
9. Sirthplece				Due to	Lee faller	'yn!	
t2. Name	onn McGra				7	/	
				(Include pregnancy within			
16. InformantMis			er Podgong Fond	Actopsy resolts	***************************************	******************	
17. Burial Bete thereof 11/6/48 (Burial, cremation, or removal. Which?) (month) (day) (year)  Cemetery or cremetery. New Cathedral				22. VIOLENCE: If deeth was due to external  Accident, suicide, or homicide	Dete ofn) (County)	(State)	
Location Baltimore, Mid.  18. Funerel director Management of the Address 1217 of Jan 1			Injured at home, ferm, Industry, public place Meene of Injury  23. SIGNATURE Structures	injured et work?			

MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

			20
eg.	Dist.	No.	30

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Dattinger	(For newborn infapta give residence of mother)
Catensville	State County County
City or town	7-1-11
How long in above place of death?	(If outside city or town limits, write RURAL and give nesrest town)
Hospital, Institution, or street address where death occurred:	
111 Shadynook Court	Street No
How long in hospital or institution?	2.(a) If veteran, namo war
3. (a) FULL NAME	
annie Elizabeth	Blendening 3. (b) Social Security Number
4. Sex 5. Color or raco 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
F W Widowell	, —
De a la c	20. OATE OF DEATH. 1/29 19.4 at 4 19.1
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	FeB 1846 10 NOV. 29 1878
7. Birth date ot	DA NAME OF THE
deceased (mo., day, yr.) 12 /6, 1870	
8. AGE: Years   Months   Days   If loss than one day	Immediate cause of death DURATION
78 6 /3nrsnin.	ARTERIOSCIEROTIC
/ O I I I I I I I I I I I I I I I I I I	C.V.D.
9. Birthplace	Due to.
(Town, county, and state)	
10. Usual occupation House occupation	
11. Industry or business	Due to
12. Name John F. Schmeat  13. Birthplace Derman	Other conditions
13. Birthplace Dermany	
# Rose	(Include pregnancy within 3 months of death)
14. Malden name & ora Cose  15. Birthplace Sermony	Major findings of operations
Z 15. Birthplace	Oate of op.
16. Informant Seorge W. Stendening	Actors results
	PHYSICIAN: Please onderline the cause to which death should be charged statistically.
Address /// Sheadegrook Court	
17. Burial Date thereof 12-2-48	22. VIOLENCE: If death was due to external causes, till in the tollowing:
(Buriai, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory Western	Where did injury occur?
Bellines	
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director Searce & Jackey	Means of Injury Injured at work?
Address Frederick & Shaden of Over.	OP In
AUUTESS COLOR COLO	23. SIGNATURE Stronger 19. 2
10 12-2 1048 7/8 Harris	M. D. or other
(Date rcc'd by register) Registrer	Address 3325 TO 10-196 T // Dato signed /2 Kg //

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLEASE

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# MARGIN RESERVED FOR BINDING

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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eg. Diat.	No.	

						-
1. PLACE OF DEATH: Baltimore				2. USUAL RESIDENCE (HOME) OF (For pewhorn infants give residence of m	DECEASED:	
County Howard				State Manyland County Bathe		
City or town(If out:	ide city or town	limits, write R	URAL and give nearest town)			
How long in above place of	death? 63	Days		City or town Dundalk (22) (If outside city or town limits,		
Hospital, Institution, or str			Howard, Md.	Street No. 11 Township Road	OCATION	
Han lone to becaute or la	ntitutions 63	Davs	III) III CIII CIII	2.(a) If veteran, name war. WW-I		
3. (a) FULL NAME	SIRUTION:			Z.(a) It reserves	3. (b) Social Security 1	
J. (a) 1022 HAME	22.000	*****	CONTRACTOR OF THE PARTY OF THE			(umber
4. Sex   5	. Color or race	6.(a)Singt	e, married, widowed, or divorced	MEDICAL CE	Unknown RTIFICATION	
Male	White		Married	20. DATE DF DEATH November 18,		12:45 F
	Edma	R. Goe	embel	21. I CERTIFY that death occurred on the date above		
Committee of the Commit				September 16, 19	48 to November	18, 19.48
7. Birth date of	0 0 06		c) It alive, give age50years	and that I last saw h i.m alive on No.ve.		19.48
deceased (mo., day, yr.)  8. AGE: Years	Months	Days	1 It less than one day	Immediate cause of death		DURATION
52		9	hrs. min.	MYOCARD IAL FAILURE		2 days
	3 T	-		Bue to Old Infarct and Pos		
9. Birthplace	(Town	, eounty, and	ntate)	Shock Shock		Unknown
10. Usuat occupation laborer (Disposal Plant)			sal Plant)	Bus to	***************************************	"OTTVHOWER
11. Industry or bustness				Due 10.	0.01.001.001.001.001.001.001.001.001.00	
当 12. Name JO	hn Goemb	el		Dither conditions Resected Stome	ach	2 days
12. Name JO. 13. Birthplace I	11.			(Include pregnancy within 3 mg		
Li Maiden name	Laura Wo	olling		Major findings of operations		
H	ebraska					
	ical Rec	orde I	Tets. Adm. Hosp.	Autopsy results Substantiated		
	rt Howar			PHYSICIAN: Please underline the cause to whi	ch death should be charged	statistically.
Rodiess			11/11/48	22. VIOLENCE: If death was due to external caus		
17. Burial	r removal. Which	Date lher	(month) (day) (year)	Accident, sulcide, or homicide	Date of	
Cemetery or crematory.			tional Cemetery	Where did injury occur?(City or town)	(County)	(State)
Location		more, 1	Md.	Injured at home, farm, Industry, public place (who	ere?)	
	Howand		Howard N. Blight fr.	Means of tnjury	Injured at work?	
18. Funeral director			i., Balto., Mor.	200		
Address			0 / 20 1	23. SIGNATURE PR Pure	<b>9</b>	or other
19. Mon! 1	9 18 4	8	a W dedich	Address VAH Fort Howard,		
(Date rec'd by regis	trarj		L Kegistiat	ADDIESS	nate signed	

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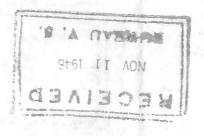
# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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Reg. Diat. No....

1. PLACE OF DEATHS.	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Cily or town. (If outside city or town limits, write RURAL and give nearest town)	State Mid County Balla
How long in above place of dealh?	(if outside city or town limits, write RURAL and give nearest town)
Mospital, instilution, or sizes) address where death occurred:	100
Blermo and	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
James Caswell	treen
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male While Sangle.	20. DATE OF DEATH. (25) 6 1848 21 230 M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the dale above slated; thal I altended deceased from
£.(c) If alive, give ageyears	
7. Birth date of deceased (mo., day, yr.)	and that I last saw halive on
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death.
3 6min.	In halate I love that
Balta	The state of the s
9. Birthplace (Town, county, and state)	Due to.
10. Usual occupation	
11. Industry or business	Oue to
# 12. Name / tm, & ree	<b>DI</b>
13. Birthplace Frank Pa.	Dther conditions
14. Maiden name Rll & a Moses	(Include pregnancy within 3 months of death)
6 19 45 1 2	Major findings of operations.
E 15. Birthplace Cost Freedom /a	Oate of op
16. Intermani Command And Andrews Address of the Command Andrews of	Antopsy results
Address about	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. 6 unial Dale thereof May 8, 1948	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation of Lemoval, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Just Unuled Wang Church Clar	Where did injury occur?
Location 61150 Consell Sty	Injured at home. farm, industry, public place (where?)
18. Funeral director. Robert L. Fisher.	Means of Injury Injured at work?
Address 2112 Dundalk and	amlean no
. mo/ 8 - 48 X Com Y. Harks	23. SIGNATURE Melical D. or other
(Date rec'd by registrar) Registrar	Address Da P D Q P Date stoned 11 / C 1 - C



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# MARYLAND STATE DEPARTMENT OF HEALTH

# 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

City or town	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For prowhorn infants give residence of mother)  State
3. (a) FULL NAME Garah Ellew Griffin	3. (b) Social Security Number
4. Sex  5. Celor er race  6.(a) Single, married, widowed, or divorced  Wildow  8.(b) Name of husband or wife. Seo. G. Srefferi  6.(c) If alive, give ege. years	MEDICAL CERTIFICATION  2D. DATE DF DEATH
7. Birth data of deceased (mo., day, yr.)  8. AGE: Yeare   Months   Days   If lese than one day	and that I last saw how alive on 19 40.  Impuediate cause of death DURATION  DURATION
9. Birthplace. Baltunare (Town, county, and atate)  1D. Usual occupation. Of Rose 11. Industry or business  11. Industry or business  12. Name. Theo dore Richards.	Due to
13. Birthpiacollease Curraine 14. Maiden name Winfred O'Holloran  15. Birthpiace theland.	(Include pregnancy within 8 months of death)  Major findings of operations.  Date of op.
Address /6 W. P. ulcasai St Bultimere in  17. Burnal  (Burial, eremation, or removal, Which?)  Bate thereof	Autopsy results  BHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Location Bultimore med-  18. Funeral director F.C. Ligi subothorn  Address Ellight City med	Where did injury occur?
19. 11/6/ 1048 War & Mountains	23. SIGNATURE TO E MATTER M. D. or other

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MAR	YLAND	STATE	DEPARTMENT	OF	HEALTH

2411 N. Charles St., Baltimore

CERTIFICA	ATE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County Of County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. (If outside city or town limits, write RystaL and give nearest town)	Maryland County Baltimore
How long in above place of death?	City or townOverlea (If outside city or town limits, write RURAL and give nearest town)  31 Leslie Avenue
31 festile any	Street No. (Ifrural, give LOCATION)
tow long in hospital or institution?	2.(a) If veteran, name war  3. (b) Social Security Number
maurice So. 7	Laylen. 312-076-085
1. Ser 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20, DATE OF DEATH
S. (b) Name of husband or with lema	21. I CERTIFY that death occurred on the date above stated; that f attended deceased from
5.(c) It alive, give age 48	
Birth date of deceased (mo., day, yr.) Josee 18/1893	and that I last saw h
. AGE: Years Morths Days less than one day	Immediate cause of death.
55 9 1hrs.	nin. Coronery Occlusion The
Birthplace (Town, coupty, and siste)	Due to
D. Usual occupation type futter.	
11. Industry or business & Holactive Co.	Due to
12. Name Samuel Hayden  13. Birthplace W. Va.	
	(Include pregnancy within 3 months of death)
14. Malden name Elizabeth Scheuring 15. Birthplace Pa.	Major findings of operations.
	Date ot op.
s Informant Mrs. Delma Hayden - widow	Actorsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 31 Leslie Avenue - 6	22. VIOLENCE: It death was due to external causes, fill in the following:
Burial Burial, cremation, or removal, Which?)  Date thereot 11/22/48 (month) (day) (year)	Accident, suicide, or homicide.
Cemetery or crematory Baltimore Cemetery	Where did injury occur? (City or town) (County) (State)
Location Baltimore, Maryland	Injured at home, tarm, Industry, public place (where?)
18. Funeral director HENRY SANDER & SONS, INC.	Maana of Injury Injured at work?
Address NORTH AVE. & BROADWAY	(Amolana - l.x
May 22 . 48 Q. (1). Hedink	23. SIGNATURA
(Date rec'd by registrar)	rar Address A fly P. J. Dund el bod orgned 11/19/4

Supply every item of information carefully the coplease write the causes of death clearly and legibly.

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

		CERTIFICA	Reg. Diat. No.	<b>).</b>
1. PLACE OF DE			2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infants give residence of mother)	
County			State Maryland County Baltimore, Maryland (If outside city or town limits, write RURAL and give Street No. (If rural, give LOCATION)  2.(a) If veteran name war.	ve nearest town)
3. (a) FULL NAM	E NOLD HILE		3. (b) Social Secu	rity Number
4. Sex — M	5. Color or race	6.(a)Single, married, widowed, or divorced Widowed	MEDICAL CERTIFICATION  20. DATE OF DEATH	
	yı.) July 3,	Days If less than one day	and that I last saw h im alive on November 18.  Immediate cause of death  Cardiac infarction	ber 18, 19 48
9. Birthplace			Due to. Chronic rheumatic aortic hes	ion indefini
12. Name	Wm. P. Virgin Lillia	n C. Knicley	Dither conditions	
16. Informant			Actopsy results	
Cemetery or cremat	or removal. Which or or Manual Constitution	Date thereof 20 / 5 4 9 (month) (day) (year)  on Methodist Church (  and ord for med.		(State)
Address 924  19. Nov. (Date rec'd by r	19 19 48 egistrar)	1 St. Balto - 2 - Mil	Isadore Tuerk, M.D. Catonsville-28, Md.	M. D. or other 11-18-48

Information as to former addressed secured from sister of deceased, Mrs. Hayward. 12/9/48. ams

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LIST SPREEL NO.

, BL . Land Live Level et al.

Miller and the land has been accounted by the state of th

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

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J	1	1	6	9	7	

Reg. Diat. No. 40

County Balli:  City or town. Latel Cliff Alam 7. Cala M.  (If outside eith or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:	City or town Atticle Cliff We as Town (If outside city or fown limits, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)		
How long In hospital or Institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Sy. Mary Gebharda Hochstu  4. Sex   5. Color of race   6.(a) Single, married, widowed, or divorced	R P		
4. Sex   5. Color of race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Single	20. DATE OF DEATH. Movember 24 19.48 at 10. 45 4.		
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of deceased (mo., day, yr.) Oct. 10, 1868	and that I last saw h 22 alive on 1948		
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death OURATION Coronary orlusion 6 days		
80 1 14nrsmin.	Coronary occlusion b days		
9. Birlhplace	Due to.		
11. Industry or business			
12. Name 7 rederies Hoch Stuhl 13. Birthplace Germany	Other conditions arderic scleraris Ex hyperterion ?		
	(Include pregnancy within 3 months of death)		
14. Maiden name augusta Echerle  15. Birtholace Germany	Major findings of operations		
C 140 . CQ	Date of op.		
16. Informant 2. Mary are	Actopsy results		
Address Nofely Cliff  17. Date thereof No 26-48  (Burial, cremation, or removal. Which?)  Date thereof (day) (year)	22. VfOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide		
Cemetery or crematory ATCh Ceff	Where did Injury occur?		
leading news on	Injured at home, farm, industry, public place (where?)		
4, 314 - 11	Means of Injury Injured at work?		
18. Funeral director			
Address 8/1/1/2014	23. SIGNATURE THE STATE OF THE M. D. or other		
19. (Date rec'd by registrar)  (Registrar)	Address Date signed		



2411 N. Charles St., Baltimore

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# CERTIFICATE OF DEATH

Dist No 30

1. PLACE OF DEATH: Baltinger	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)	
County	State County	
(If outside city or town limits, write RURAL and give nearest town)		
How long in above piece of deeth? 35 years	City or town	arest town)
Hospital, Institution, or street eddress where deeth occubred:	Street No.	
	(If rural, give LOCATION)	
How long in hospitet or institution?	2.(a) If veteren, neme wer	
3. (a) FULL NAME  There are Hotel	3. (b) Social Security	Number
4. Sex   5. Color er rece   6.(a)Single, merried, widowed, or divorced	MEDICAL CERTIFICATION	
Temale White Single	20. DATE OF DEATH 200 23 19.48	., at
	21. I CERTIFY that death occurred on the dele above stated; that I attended dece	esed from
8.(b) Neme of husband or wife	Aug-5- 1045 10 Mars 2	13-19 4
7. Sirth dete of G - yeers	end thet   last sew h & V alive on No V - 22-	19 48
decessed (mo., day, yr.) Cupter -1-1800	Immediate cause of death	DURATION
8. AGE: Yeers Months Days If less then one dey	Carcinoma - Uterus -	3. Krs
65 1 22hrsmin.		
Landelle land Time	Due to.	
9. Birthpiece (Town, county, and state)	DUE 14.	***************************************
1D. Usuel occupetion.	Due to	Management of the second
11. Industry or business Remerson Duy- 600 -		***************************************
		***************************************
12. Neme Benffe. No etzner  13. Birthplece Leverance	Other conditions	
13. Birthplece Jermany	(include pregnancy within 3 months of death)	
14. Maiden neme ann of Mary Duerbuck  15. Birthplace Maryland	Major findings of operations Careinome - Ute	ri.
E 15. Birtholace Maryland		1945.
man Colores B. Haltzner	Autopay results	
16. Informent	PHYSICIAN: Please underline the cause to which death should be charged	statistically.
Address 3) To the money wife	22. VIOLENCE: If deeth wes due to external ceuses, till in the following;	
(Bbrid, cremation, or removal, Whieh?)  Bete therea (month) (day) (year)	Accident, sulcide, or homicide	
(Burial, cremation, or removal. Which?) (month) (day) (year)		
Cemetery or crematory	Where did injury occur?	(State)
Location Salt, more Ma	Injured et home, term, Industry, public place (where?)	
Find Mas Male	Meens of Injury Injured et work?	
18. Funerel director		
Address Along will - 20 - rus.	23. SIGNATURE / - Llond of moun	
11 24 US 7/8 Haran	M. D.	or other
(Date red'd by registrar)  (Date red'd by registrar)  Registrar	Address Oate signed.	11/24/4

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NOV 26 1948
BUREAU V. B.

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

LOI	DEATH	Reg. Dist. No	
2. USUA	I. RESIDENCE (HOMI	E) OF DECEASED:	
State	Maryland	. Couply	
City or town	Baltimor	limita, write RURAL and give ne	rest town)
Street No	Opitz Nu (If rural eran, name war 8/2	rsing Home, Edmo	ndson Aven
2.(a) It ven	eran, name war	3. (b) Social Security	
	MEDICAL	L CERTIFICATION	
20. DATE OF	DEATH Novembe	r 29 19 48	, 17:45 a
		ate above stated; that I attended dece	
		1918 Novembe	
and that I la	ast saw h i.M alive on	November 29	1948
		***************************************	
Ter	minal pneumon	ia	4 days
		rterios clerotic.	
	cardiovascular	-renal disease	indefini
Due to	***************************************		
		***************************************	
Diher condi	tions		
	(Include pregnancy wit	hin 3 months of death)	
Major findi	ugs of operatious	100000101100	************
	****** *** ****************************		
Autopsy re	sults	to which death should he charged	statistically.
		nal causes, till in the following;	
		Date of	
Where did 1	Injury occur?(City or t	lown) (County)	(State)
	nome, farm, industry, public pl	ace (where?)	
Means of in	ijury	Injured at work?	
	Drades	tune, m. o.	
23. SIGNAT	Isadore T	uerk, M.D.	or other

Catonsville-28, Md. Oale signed 11-29-48

1. PLACE OF DEATH: Baltimore How long in above place of death? 6 days Hospital, Institution, or street address where death occurred: Spring Grove State Hospital 6 days How long in hospital or institution?...... 3. (a) FULL NAME Joseph A. Hubbell 5. Color or race 6.(a) Single, married, widowed, or divorced 4. Sex widowed white male 6.(b) Name of husband or wife Annie Donlevy .. 6.(c) 11 alive, give age ...... years 7. Birth date of January 15, 1868 deceased (mo., day, yr.) Months It less than one day Years 8. AGE: 80 10 Baltimore, Maryland (Town, county, and stute) 9. Birthplace...... Retired lithographer 10. Usual occupation. Lithography 11 Industry or business 12. Name...... 13. Birthplace Augustus Hubbel Baltimore, Maryland 14. Maiden na 15. Birthplace Mary Bunce 14. Maiden name...... Baltimore, Maryland Hospital records ..... 16. Informant. Catonsville-28, Maryland 12-2-48 (month) (day) (year) 17 Durial 18 Funeral director

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Thomas M.

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(Town, county, and state)

Oak Lawn

18. Funeral director Clarence F. Hoffmann

7225 Eastern Ave.

Dec. 18 1869 Months Days

at home

known

11

not

16. informant ...... Moble Hughes

Address 1639 Broadway.

19. (Date rec'd by registrar)

17. Burial (Burial, cremation, or removal. Which?)

Address 7818 Eastern Ave

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State Md. County Baltimore
ite RURAL and give nearest town)	City or town
curred:	Street No. 7818 Eastern Ave.
	2.(a) It veleran, name war
	3. (b) Social Security Number
A. Hughes	
Single, married, widowed, or divorced	MEDICAL CERTIFICATION
widowed	20. DATE OF DEATH November 29 19 + 8 21 11 P
М.	21. I CERTIFY that death occurred on the date above stated; that I attended deceaced from
	Thoregules 20 1948 10 400 29 19 19
6.(c) It alive, give ageyears	and that I last saw h alive on Monember 7 19.E.S.
869	Immediate cause of death.
s It less than one day	Negostalie proumma 3 day
hrs. min.	J. J
and state)	Due to. Due to. Due to.
	Dther conditions
	(Include pregnancy within 3 months of death)
	Major findings of operations.
	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
70 /4 /40	22. VIOLENCE: If death was due to external causes, till in the tollowing:
e thereot 12/4/48 (month) (day) (year)	Accident, suicide, or homicide
wn	Where did Injury occur?
Ave.	Injured at home, tarm, industry, public place (where?)
Hoffmann	Means of Injury Injured at work?
	23. SIGNATURE MAXWELL AT THE MARKET
aw. Jehuk	Address 171/2 Zastern loe Date signed 12-1-48

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7. Birth date of

deceased (mo., day, yr.)

10. Usual occupation...... 11. Industry or business

12. Name.....

13. Birthplace

HI 14. Maiden nate 14. Maiden name...

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg. Diat. No. O

### CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboxn infants give residence of mother)
County	State Ma County Salla
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? 6 400 -	City or town
Hospital, Institution, or street diddress where death occurred:	Street No. Clunkfuld 120
cuysoury with	(If paral, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Bessie Valara He	usucker 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
1 W. Smyle	20. DATE OF DEATH - Trov. 1 19 46 at 3 P. M
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that i attended doceased from
6.(c) If alive, give age years	and that I last saw h & \( \) alive on \( \) 2 3 3 19
7. Birth date of deceased (mo., day, yr.) (1114) . 15. 1859.	
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
59 02 12 min.	Vterilo & north
tomorrer 116.	Bue to.
9. Birthplace (Town, county, and state)	Due to
10. Usual occupation	Due to
11. Industry or business ()	Due (C.
	Other conditions - Chronic Bronchits - 2 yrs
12. Name. La La La La La Colla	
Marin Mille	(Include pregnancy within 3 months of death)
14. Maiden name. Jerry Op. Ac Jenne	Major findings of operations Our Closes
2 15. Birthplace	Date of op
16. Informant Muly Cally Rauf	Autopsy results.
Address (Masoure Hour Countield Re	PHYSICIAN: Please underline the cause to which death should be charged statistically.
" Burdal Nov! 1. 18	22. VIOLENCE: if death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?)  Date thereof.  (month) (day) (year)	Accident, suicide, or homicide
Cemetery or cremators DM Coldina Chilla.	Where dld injury occur?
Location Comover n. E.	Injured at home, farm, industry, public place (where?)
HPP NO BALLI XI AND	Meens of Injury injured at work?
18. Funeral director	
Address 6067 I talford Rd	22 CIONATURE Part J. Thambers
" 11-1- "44 ES MOLAR	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) Registrar	Address 4108 thest Ht. Date signed 1/1/46

NOV 3 1948.

Orom Es Ho. Consumer 14th, 2411 N. Charles St., Baltimore

CERTIFIC	CALE OF DEATH Reg. Diat. No. 41
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
3.(a) FULL NAME	
andrew Ins	(a) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m. W. m	20. DATE OF DEATH ATT. 2 1948 21 20 P.
6.(b) Name of husband or wite. Edina. R Incluy	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	years and that I last saw halive on
deceased (mo., day, yr.) anuary 11, 1906	Immediate cause of death
8. AGE: Years Months Days It less than one day 42 9 2hhrs.	Coloring Occurrent
9. Birthplace	Due to
1D. Usual occupation	Due to
11. Industry or business	The Milliman Tuburulosis
12. Name John Free 13. Birthplace Md	Other conditional Management of the Conditional Condit
	(Include pregnancy within 3 months of death)
boa.	Major findings of operations
16. Intermant Mige Edna R. Pricley	Date of op.
	Autopsy results
Address 10 Duydalk art, Buntalk	22. VIOLENCE: If death was due to external causes, till in the tollowing:
17 (Burial, cremation, or removal, Which)  Date thereof. M. V. 5. 194 (month) (say) (year	Accident, suicide, or homicide
Cemetery or crematory	Where did Injury occur?
Location Belgue Closus	Injured at home, farm, industry, public place (where?)
18. Funeral director. Roland X. Fishly	Means of Injury Injured at work?
Address 21/2 Dundalk ave.	129, SIGNATURE JOS DO
19. Nov 4 19 48 A.W. Hedrick (Date rec'd by registrar)	gistrar Address Jundane - Date signed 1/3/49

MARGIN RESERVED FOR BINDING

WITH UNFADING INK. Supply every item of information careful important. Physicians: please write the causes of death clearly an

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PLEASE WRITE

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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	-	6 6	ارز	
Dist. I	Vo.			,

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE DE DEATH November 13, 1948 at 11:35pg
6.(b) Name of husband or wife Mary Jendras  6.(c) If alive, give age 43  7. Birth date of deceased (mo., day, yr.) February 9, 1895	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 3, 19.48 to Nove 13, 19.48 and that I last saw h.im. alive on November 13, 19.48
8. AGE: Years Months Days It less than one daymin.	CIRRHOSIS, LIVER 1 year
9. Birlhplace Baltimore, Maryland  (Town, county, and state)  10. Usual occupation Moulder  11. Industry or business Washington Mary Yeard  12. Name Fank Jendrackiewiz  13. Birthplace Poland  14. Maiden name Susie?  Poland  16. Informant Clinical Records, Vets, Adm. Hosp.  Address Fort Howard, Maryland  17. Burial  (Burial, cremation, or removal, Which?)  Cemetery or crematory St. Stanislaus Cemetery  Mt. Crml. Rd.  Localion  18. Funeral director. Wm. Fialkowski  Address 2007 Eastern Ave.  19. (Date rec'd by registrar)	Due to

	2411 N	. Charles S	St., Balt	imore	1
CER	TIF	CATE	OF	DEATH	

	1	11	Q	0	
a. 1	Dist.	No	3	5 /	-

1. PLACE OF DEATH: //	2. USUAL RESIDENCE (HOME) OF DECEASED:
County ( GCC) f g	(For pewborn intents give residence of mother)
City or town AV OTTAL CIRLA	Slate County
City or town. (If outside eity or town limits, write RURAL and give nearest town)	City or town
How long in above place of death?	i-109 Abutton Mere
nosyntal institution, of the second s	Street No. (If fural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	/ 3. (b) Social Security Number
hatherine V. You	churs no
4. Sex   5. Color or race   6.(α)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Hernile White Mighes,	20. DATE DF DEATH. 400. 19 40 21 1900 M
8.(b) Name of husband or wife, Charles W. Louchung	21. I CERTIFY, that death occurred on the date above stated; that I attended deceased from
6.(c) It alive, give ageyears	Jelnon 1848, 10 November 1948
7. Birth date of Chala I 1897	and that I last saw had alive on howevery 19.7.8
deceased (mo., day, yr.)  P. ACE. Years   Months   Days   If less than one day	Immediate cause of death
8. AUL.	Cerbal Henoment C
60 8 26min.	Right Hempleyia 3 days
9. Birthplace O'alto My	Bue to
(Town, abunty, und state)	Jenesty Glenmleon 7/2
10. Usual occupation. (10 NOV-2)	Due to
11. Industry or business	Kielete Meliter ? years.
= 12, Name Thimis O' bornes	Other conditions
12. Name Jhand O'S Unaside	
	(Include pregnancy within 3 months of death)
14. Maiden name Catherine Murphy 15. Birthplace	Major findings of operations
₹ 15. Birthplace	Date of op.
16. Informant Mus Callerine Walker	Autopsy results. Mul dance
Address 5409 Howton and	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Mar. 5. 1618	22. VIOLENCE: If death was due to external causes, fill in the following;
17	Accident, sulcide, or homicide
Cemetery or crematory A ONULLA	Where did injury occur?
DUE KO	Injured at home, farm, Industry, public place (where?)
Location OV Could be allege	Meens of Injury Injured at work?
18. Funeral director ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	
Address 11/10 Schules 10	SIGNATURE Lea Usliman M.D.
11-3 48 Austil	M. D. or other
(Date rec'd by registrar) Registrar	Address [20] / July 7me 8V Date signed [] [2]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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### CERTIFICATE OF DEATH

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		es St., Baltimore	11187
	CERTIFICA	TE OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOM)	E) OF DECEASED:
County 15allo.		(Figure aborn intants give resider	nee or mother Da Ta
11-1- 11 - 1/11	rite RURAL and give nearest town)	State	County
(If outside city or town limits, w		City or town Callonsol	446
How long in above place of death?		(If outside city or town	limits, write RURAL and give nearest town
nospital, institution, or street address where death of		Street No. (1f rural	l, give LOCATION)
How long in hospital or institution?		2.(a) It veteran, name war	
3. (a) FULL NAME	minnie }	ones.	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a	)Single, married, widowed, or divorced		L CERTIFICATION
Ferrall Post	Married	(Mar-	25 4 1948 13
mull 100	11 avving	20. DATE OF DEATH	
6.(b) Name of husband or wife.	- yours	1644	ate above stated; that I attended deceased from
	6.(c) If alive, give ageyears	8 yer 0 -	11200017
7. Birth date of	1800	and that I ast saw halive on	
deceased (mo., day, yr.)	vs   It less than one day	Immediate cause of death	DI
8. AGE: Years Months Da		0	
68	hrs. min.	asceno	ma /
9. Birthplace Carsolf Co	: 4//o/:	Due to	
(Town, county		1715	TA SAAT
10. Usual occupation	J. L.	Due to	7
11. Industry or business		/	
	Lurrell	Dther conditions	
B 9 1 . 10 6	~ ma/.		
	0111-1-10-1	(Include pregnancy with	thin 3 months of death)
# 14. Maiden name Alleria	I W ONLY	Major findings of operations	
W 15. Birthplace	10: 1/10:	No.	Date of op
Rolm & lan	N	Antoney results	
16. Informant	, Mare	PHYSICIAN: Please underline the cause	e to which death should be charged statistica
Address 99 Milmul	WAT 2 9 - 1000	22, VIOLENCE: If death was due to exten	rnal causes, fill in the following:
17 Burial, cremation, or femoval. Which?)	te thereof (month) (day) (rear.)		Dale of
4 / . // -	Month (day) (reak)		
Cemetery or crematory	f falland to the same	Where did injury occur?(City or	
Location		Injured at home, farm, industry, public pi	iace (where?)
18, Funeral director Mrs Katu C	Kildelliams	Means of Injury	Injured al work?
18. Funeral director	112	041	M / mail
Address 322 N. Sehr	real of	23. SIGNATURE O III	asoney mi
29 . 48	W. W. Hedrick	at .	M. D. or other
19. 19. T.O.	O Registral	Address al avan	All hate signed A

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### PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and RESERVED FOR BINDING MARGIN

PLEASE WRITE

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

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### CERTIFICATE OF DEATH

Dia N. 41

	Reg. Diat. No
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants rive residence of mother)  State
How long in hospital or institution?	2.(a) tf veteran, name war.
3. (a) FULL NAME  Coal Lee. Her	adaick Out. 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorce	2D, DATE OF DEATH PROCEDURY 8 1948, at 3 20
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	19
7. Birth date of October 19 19 19 19	and that I last saw halive on
8. AGE: Years Months Days If less than one day	Immedia e cause of death fiseline OURATION
9. Birthplace Baltimore Md:	But to by Oct Tunc
1D. Usual occupation	Due to.
12. Name Carl Lee Hendrick	Diher conditions
Harman Surabella	(Include pregnancy within 8 months of death)  Major findings of operations
15. Birthplace Assnakolini Md.	Date of op.
16 Internat Muse Machy a. Remorrick	Autopsy results.
Address 2504 Kaunetta and Balls	PHYSICIAN: Ptease underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was she to external causes, fill in the following:
17 (Burial, cremation, or removal, Which?)  Date thereof, (month) (day)	Where did Injury occur? Dullauk- Galt my
Cemelery or crematory	Injurge at home, farm, Industry, public place (where?)
18. Funeral director Roland L. Fuchly	Manua aliberty Party Music Injured at work?
19. Mal. 10 19.48. William M. Free (Duke rec'd by registrar)	23. SIGNATURE L'ANNE, BALLONS MUSICAJES MU Régistrar Address Lundaux VVV Date signed 1/8/43



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2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

,	Reg. Dist. 110.	
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newhorn infants give residence of mother)  State County  (if outside city or town limits, write RURAL and give neases the state of the state o	2 (Trest town)
How long in hospital or instilution?	Z.(d) It veterall, name war	
John C Je	Le 3. (b) Social Security	Number
4. Sex   5. Color or fice   6.(a) Single, married, widowed, or divorced   wrdow	MEDICAL CERTIFICATION  20. DATE DE DEATH  MEDICAL CERTIFICATION  19 48	4009
6.(b) Namo of husband or wife. Do tothy Jelebe  5.(c) It alive, give age years	21. I CERTIFY that death occurred on the date above stated: that I attended decession and that I last saw h. Community on the community of the	
8. AGE: Years Months Days If less than one day hrs	Immediate cause of death  Mysecardial Failure	DURATION
9. Birthplace (Town, eounty, and state)  10. Usual occupation. Letter Carrier	Due to Order vacual diseose  Due to	
11. Industry or business    12. Name	Other conditions	
14. Maiden name Marie Elizabeth Brock.  15. Birthplace Lessie, Germany.	(Include pregnancy within 3 months of death)  Major findings of operations	
18. Informant Robert 7 Rober	Antopsy results	
Address 274 Clark  17 Burnel Bate thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, till in the tollowing;  Accident, suicide, or homicide	
Cometery or crematory Parkewood Cometer Comete	Where did Injury occur?	(State)
18. Funeral director Velle Lange Home Address 2008 Orleans ST	Means of Injury Injured at work?	وم
19. (Date rec'd by tegistrar) 19.48 Registrar	23. SIGNATURE M. D. M. D. Address 7/0/Harbord Qd. Dato signed.	11/2/2/4

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13/0 11190

### CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: Salts	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	need Belta
City or town (If outside city or town limits, write RURAL and give nearest town)	State County
(II believe city of town mines, when a south and give meatest town)	City or town
How long In above place of death?	Street No. 431 Marlegn ave
2 & Marly Wal	Street No. Z (If runs), give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Elizabeth R. To	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
of Mr. Hedow,	20. DATE DE DEATH NODEMBE 19 1948 21 9:40 P. M
6.(b) Name of husband or wife Vincent Forba	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Belly 15th 19.48 to 2000 19 19.48
7. Birth date of 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and that I last saw h 20 alive on 19.00
accounce (most any year)	Immediate cause of death
26 7 /	- Ash - This
77 &hrsmin.	(frolle Joseph Albert tardes -
9. Birthpiace Dalto md.	Due to /a sealth - Keurof Lairease
(Town, county, and atate)	
10. Usual occupation	Due to
11. Industry or business , at Home	04C 10
12. Name derry att	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name. Unita	Majur findings of operations
14. Maiden name anna ?  15. Birthpiace Germany	
9 41 211.	Date of op.
18. Informant live. John South	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 622 maryland WE.	
17 Surial Date thereof Thow. 23-1948	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Holly Kedeemer	Where did injury occur?
Location Beland. / Col.	Injured at home, farm, industry, public place (where?)
18. Funeral director. John S. Carmelly	Mesns of injury injured at work?
Address 4186 astern are	Le HITCH DO
7 1 10 1 6 A M	23. SIGNATURE M. D. or other,
18. MW. Ld 1848 Jim J. Comelly	Arr carter Heel 11/27/18
(Date rec'd by registrur) Registrar	Address Date signed



2411 N. Charles St., Baltimore

M. D. or other

VAH Fort Howard, Md. Date signed 11-10-48

			CERTIFICA	TE OF DEATH Reg. Dist. No	14		
City or townF  (If  How long in above place  Hospital, Institution, of  Veterans  How long in hospital of	timore ort Howard outside city or town lie e of death? 29.0 r street address where of Administrat or Institution? 29.0	nits, write R lays leath occurred	URAL and give nearest town) I: DSpital	Street No. 416 S. Madeira Street. (If rurul, give LOCATION)			
3. (a) FULL NAM A	NTHONY A. I	AMPARS	SKI	Unknown	Number		
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced   Married				MEDICAL CERTIFICATION  20. DATE OF DEATHNovember10			
6.(6) Name of husband 7. Birth date of deceased (mo., day, 8. AGE: Year	yr.) January	6.(	parski	October 13 19 Lt8 to November and that I last saw him alive on November 10 Immediate cause of death CARC INOMA OF DEFT ADRENAL WITH METASTAS IS	10 19 48 19 48 DURATION Unknown		
10. Usual occupation. 11. industry or busine	Mtn. Med ss John Lampar	chanic	state)	Oue to			
Y 13. Birthplace  H 14. Maiden name  15. Birthplace		?		(Include pregnancy within 8 months of death)  Major findings of operations			
Address For  11. Burial	nical Recort Howard, I	Vid .  Oate their	Nov. 13, 1948  (month) (day) (year)	Autopsy resultsSubstantiatedAbove PHYSICIAN: Please underline the cause to which death should be charged  22. VIOLENCE: If death was due to external causes, fill in the tollowing: Accident, suicide, or homicide			
Cemetery or cremai Location	lory Oak Lan Castern Ave Lilly & Ze	wn Cem . Exte	nded	Means of injury Injured at work?			
Address 1901	. Eastern A	lve. Ba	alto. Md.	- Mus Grahau L	len		

23. SIGNATURE.

Address.

Registrar

WENT UNFADING INK. Supply every item of information carefully. The important, Physicians: please write the causes of death clearly and legibly

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(Date rec'd by registrar)

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### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore

and

Reg. Dist. No.

### CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County	2001
Clty or town	State County
	City or town.
How long in above place of death?	(If outside city or town limits, write RURAL, and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 800 Castein Corc.
***************************************	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
La Lan	Tala
ova seona a	avole
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Thurs white married	MA-11 119 0 P
Since III to I market	20. DATE OF DEATH 205 11 19.4.8. 21. 9 P. M
Frank Ta Pole	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
B.(b) Name of husband or wife And Ada Ada Ada Ada Ada Ada Ada Ada Ada Ad	Oct 1 1948 10 2005 11 1948,
6.(c) If alive, give age JO years	
7. Birth date of (70 day vs.) (44 9 - 1891	and that I last saw h LV alive on 2007
deceased (mu., ua), yi.)	Immediate cause of death
8. AGE: Years Months Days If less than one day	Termal Brondial
[7 2 2 min.	Me a a
D- /	Jan Day
9. Birthplace	Due to Mallin - dillimite
	Cardin Vascular assesse
10. Usual occupation	B 4-
	Due to
11. Industry or business	
12. Name	Dther conditions
13. Birthplace and .	
	(Include pregnancy within 3 months of death)
14. Malden name Nettie m ~ Knight  15. Birthplace md.	Major findings of operations.
15 Richards md.	
at a f o l	Date of op.
16. Informant Junto da oce	Autopsy results
Address 800 Eastern are, Essex	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Bural Date thereof nov. 15-48	Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (month) (day) (year)	
Cemetery or crematory . Jacobs	Where did injury occur?
Point of Rocks and.	
Location fourt of Kreeps, Fra.	Injured at home, farm, Industry, public place (where?)
John 4 Connelly	Means of injury injured at work?
18. Funeral director	U. 2011
Address 418/6 astern Circ. Comey	- PAM Brune Andrew
7	23. SIGNATURE M, D. or other
19. pr 15 - 19 48 John 10 cmills	11 12 11
(Date rec'd by registrar) Registrar	Address Date signed 1-13-40

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BURLAU Y. S.

2411 N. Charles St., Baltimore

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	E OF DEATH	Reg. Diat. No	·
1. PLACE OF DEATH: Ballimal County	Street No. 1836 ) 4		rest town)
3. (a) FULL NAME Edward Tee	Eliji kalikulana	3. (b) Social Security 1	Vumber
4. Sex Shale Shuese Single, married, widowed, or divorced Single	MEDICAL Frozend	CERTIFICATION 12. 3 19.48	100
6.(b) Name of husband or wife 6.(c) If alive, give age years		19 40 10 hor. 3	sed from
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days It less than one day	Immediate squee of death	Collapse	DURATION
9. Birthplace Baltimae And (Town, county, and state)  10. Havel accuration Student	Due to Sulmonary	ubereulour .	3 you
10. Usual occupation	Due to		
13. Birthplace California  14. Malden name  Dose Yet  15. Birthplace Baltimore hid.	(Include pregnancy within	,	
16. Interment Bessie Sel (sister) Address 1836 Harlem ask Galt. Ind	Autopsy results	o which death should he charged s	
17. Busial Date thereot May 6-1948 (Burial, cremation, or removal. Which?)	22. VIOLENCE: If death was due to external Accident, suicide, or homicide	Date ot	
Location Woodlaum, Maryland	Where did lojury occur?		(State)
Address 108 W. North au, Baltimore #1		tuer MO.	or other
19. (Date reved by registrar)  19. Davegistrar	Address Centeratorne		w 3, 194

WITH UNFADING INK. Supply every item of information care mportant. Physicians: please write the causes of death clearly MARGIN RESERVED FOR BINDING

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### MARYLAND STATE DEPARTMENT OF HEALTH Be

2411 N. Charles St., Baltimore

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### CERTIFICATE OF DEATH

Reg. Diat. No.

How long in above place of Hospital, Institution, or s	Balt Cato Cato taide city or town I I death? 2 ye street address where Grove St Institution? 2 y	nsville ars,10 death occurren	spital 10 months, 7 days	City or town. Raltimore (If outside city or town limits Street No. 3520 Hilto	its, write RURAL and give nearest town)  on Street, ve LOCATION)
4. Sex	5. Color or race	8.(a)Singl	e, married, widowed, or divorced	MEDICAL C	CERTIFICATION
female	white		widowed	20 DATE DE DEATH NOVEMber 2	22 19 48 ,at 10:55a m
6.(b) Name of husband or wite. Max Lieb  6.(c) II alive, give age. years				21. I CERTIFY that death occurred on the date a	
deceased (mo., day, yr.	.,	y 1866		Immediate cause of death	KGITARUG
8. AGE: Years	Months	Days	11 tess than one day	A	
82	4	?		Serminae / m	nels
1D. Usual occupation  11. Industry or business  12. Name	Housew Home	ife t?	state)	Due to	ul ferrur
14. Maiden name	?	,	***************************************	Major findings of operations	
LOW 15 Ruthplace	Hungar	ed to			Date of op.
16. Informant Hospital records				Antopsy results	
Address  17. (Burial, eremntion, Cemetery or cremator Location Address  18. Funeral director Address  19. (Data regid by ree	or removed. Which		28, Maryland  Plou, 24, 1948  (month) (day) (year)  Blyd  Clue  Registrar  Registrar	22. VIOLENCE: If death was due to external of Accident, sulcide, or homloide.  Where did Injury occur? (City or town thjured at home, tarm, Industry, public place Means of higher than the first and	causes, fill in the following:  Byte of Hoving: 48  (County)  (State)

PLEASE

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The carrect age

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### 93a CERTIFICATE OF DEATH

Reg. Diat. No.

•							
1. PLACE OF DEATH: County Baltimore			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
City or town (If outside city or town limits, write RURAL and give nearest town)			State I.I.C.	Coun			
How long in above place o				City or town.	Catonsville (If outside city or town limits.	write RURAL and give ne	arest town)
Hospital, Institution, or s				Street No.	18 Sanford A		1
10 0	antolu l	740.	***************************************		(1f rural, give I	LOCATION)	
How long in hospital or l				2.(a) If veter	ran, name war		
3. (a) FULL NAME						3. (b) Social Security	Number
	Eliza Er	-					
4. Sex	5. Color or race		a, married, widowed, or divorced			RTIFICATION	
Female	White	Wid	OW	20, DATE OF	DEATH NOV. 7/48.	19	17:30 PM
n (h) Nama of bushand o	late V	lilson	N. Lynch		Y that death occurred on the date above		
				Aug	,18.,	8 Nov. 7	,19481
7. Birth date of	252		e) If allve, give ageyears	and that I las	st saw h. er allve on Nov	6,1948	19
deceased (mo., day, yr. 8, AGE: Years	Menths	L / g L C	i If less than one day		ause of death		
76	7	20	hrsmin.	Subaci	ute Nephritis.	( Since	7010
9. Birthplace Balt	0. 140.			Due to	Arterio-Sclero		
g. with the same	(Town, H	county, and	tate)	1	Myocarditis.	**********************************	5
10. Usual occupation				Doe to			**
11. Industry or business				-		**************************************	
12. Name. Wm •	G. Eng	Land	***************************************	Other condition	ona		
					(Include prognancy within 3 m	anthe of danth	
14. Maiden name	Susan Di	rury			gs of operations		
14. Malden name	Md.			H	gs of operations		
		Hawkir	S		ulta		
16. Informant Mrs. Hawkins Address 18 Sanford Ave.				: Please underline the cause to whi			
			270- 70/49	22. VIOLEN	ICE: If death was due to external caus	es, fill in the following:	
17Burial (Burial, cremation,	or removal. Which?	Date there	(month) (day) (year)	Accident, sui	icide, or bomicide	Date of	
Cemetery or crematory Loudon Pk.			Where did in	jury occur?(City or town)	(County)	(State)	
tocation 3801 Frederick Ave.				me, farm, lodustry, public place (who			
	1/		11 1 hole 0	Means of Inju	. 1	Injured at work?	
18. Funeral director	1	J	· Mary		110.	1	
Address 41	Ol Edmon	ndson	Ave.	23. SIGNATU	ins D- Lland	19 ms	mina
19. (Dato rec'd by regi	70 19 4	f a	W- Helli	- 1	atomoille	M. D.  Date signed	or other
frame see a ril regi			THE PARTY OF THE P	MUNICOS. MAN.	THE PART WITH THE PROPERTY OF THE PARTY OF T	orenes	

XI FILM No. G 110 NOV 24 1948 CERTIF	
1 DIACE OF DEATH	FICATE OF DEATH Reg. Dist. No. 4
County	(For newborn infants give residence of mother)
City or town	town) City of town Duadalk
How long in above place of death?	(If outside city or town limity, write RURAL and give nearest Street No. 30.26 Dunley Road
3026 Dunleer Road	Street No. 3. U. S. G. T. MARCHAN, give LOCATION)
How long in hospital or institution?	2.(a) 11 veteran, name war
How long in above place of death?  Hospital, institution, or street address where death occurred:  1026  How long in hospital or institution?  3. (a) FULL NAME  4. Sex 5. Color or race 6. (a) ingle, married, widowed, or divor	a. (b) Social Security Num
	medical certification
M. W M.	20. DATE DE DEATH
6.(b) Name of husband or wife Josephune. Maly	21. I CERTIFY that death occurred on the date above stated; that I attended deceased
3 7. Birth date of A XXXX19.	21885 and that I last saw h
	Immediate cause of death Of Ampaulla
62 10 21hrs.	min. of vater (
9. Birthplace Czechelovakia	Duo to
10. Usual occupation and state Jury 3  11. Industry or business authorized Walls and State Con 3	Foreign
11. Industry or business Buthleharn Steel Co.	3 8610
12. Name	Dther conditions
	(include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations.
0-0 000-0	Date of op.
16. Informant Color S. Color S	Autopsy results PHYSICIAN: Please uoderlioe the cause to which death should be charged stati
Address 3034 liberty Pky, Dundal	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, White?) (month) (may)	(year) Accident, suicide, or homicide
Cemetery or crematory. Holy Audience	Where did Injury occur?
Location Getau Krag	Injured at home, farm, Industry, public place (where?)  Maans of Injury  Injured at work?
	masses of injury
18. Funeral director	



# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARGIN RESERVED FOR BINDING TH UNFADING INK. Supply every item of

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: Bal timore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County 312 Ingleside Ave. (catonsville) City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?.	State Maryland County Baltimore Catonsville (If outside city or town limits, write RURAL and give nearest town)		
Hospital, institution, or street address where death occurred:	Street No. 312 Ingleside Ave. (If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3.(a) FULL NAME Cora R. Manley	3. (b) Social Security Number		
4. Sex F M Shite Married widowed, or divorced Married	MEDICAL CERTIFICATION  20. DATE OF DEATH. 20 Revember 19 48, 21 7 15 PM		
B.(b) Name of husband or wife. William E. Manley  6.(c) If alive, give age years  7. Birth date of Doc 19 1885	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 27 Copt 19. 98, to 20 how 18 98 and that I last sawh. E. R alive on 20 howards are 19. 9.8		
deceased (mo., day, yr.) Dec. 13, 1000	Immediate cause of death		
8. AGE: Years Months Days If less than one day  62 11 1	Myocardial failure 2 mars		
9. Birthplace Baltimore, Md. (Town, county, and state)	Due to Mutral Regungitation Unknown		
1D. Usual occupation	Due to Arteres sclorosis Inenoun		
11. Industry or business	040846		
12. Name. John W. Bell 3. Sirthplace Maryland	Other conditions Chagnic puller 2 weeks		
14. Malden name Margaret Springer  15. Birthplace Maryland  Maryland	(Include pregnancy within 3 months of death)  Major findings of operations.		
15. Birthplace Maryland	Date of op.		
16. Informant Mr. William E. Manley Address 312 Ingleside Ave. Catonsville	Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address SIZ Ingleside Ave. Catalana Date thereof 11/24/48  17. Burial (Buriai, eremation, or removal, Which?) (month) (day) (year)  Cemetery or crematory New Cathedral	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide		
Baltimore, Wd.	Injured at home, farm, industry, public place (where?)		
LUGATION	Means of tnjury Injured at work?		
18. Funeral directorJohn T. Stansbury  Address 2700 Edmondson Ave.	5= 1 les Ma mess M.D.		
19. Nov 22 19. 48 a. W. Hydlish Registrar	23. SIGNATURE REPUBLIC LE JAMES M. D. or other  Andrees Catons ville 28 Med Date signed 11-21-48.		

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: • County Baltimore				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County			State Haryland City or town Baltimore (If outside city or to			
Hospital, institution, or V.A.H.S.F.	street address where	death occurred	land	Street No. 1640 N. Fulton Ave. (If rural, give LOCATION)		
				2.(a) If veteran, name war		
3. (a) FULL NAM	. J0	HN E	. MARTIN		3. (b) Social Secur 237-26-0	
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDIC	CAL CERTIFICATION	
Male	White		Single	20. DATE OF DEATH. November	er 14, 19.48	3 _a11:30 pm
6,(b) Name of husband	or wife			21. I CERTIFY that death occurred on th	ne date above etated; that I attended t	deceased from
7 Right date of		6.(	c) If alive, give agey	and that I last saw h im alive on .	November 14	1948
deceased (mo., day,	yr.) Januar	у 19.	1931	Immediate cause ni death SARC	OMA OF PLEURA	DURATION
8. AGE: Year 57	s Months	Days 26	It less than one day	WITH METASTASIS		
9. Birthplace Baltimore, Maryland (Town, county, and state)  10. Usual occupation Hotel Clerk				Oue to		
t1. Industry or busines				Dither conditions		
	Lillie Ha					
16. Informant Clinical Records					ated above	***************************
Address V.A.H. Fort Howard, Maryland  Burial  (Burial, cremation, or removal, Which?)  Cemetery or crematory  Location  Frederick Ave.  18 Funeral director  Wh. J. Tichner & Sons			22. VtOLENCE: If death was due to e Accident, sulcide, or homicide Where did injury occur? (City Injured at home, farm, industry, public	external cauces, fill in the following;  Date of	(State)	
18. Funeral director Address  19	North & Pe		ves.	23. SIGNATURE L. M. A. M. H. C. MANAUGH, M. Address VAH. Fort How	D., Chief, Pro.	Dorother Serined 1-15-48

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ct	/
The core	legibly.
mation carefully	is especially important. Physicians: please write the causes of death clearly and legibly.
f infor	p Jo se
item o	e cause
Supply every	ease write th
ADING INK.	Physicians: ple
WITH UNF	important.
WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct	is especially

EUIDENCE FUR & HANGE OF MARYLAND STATE DEPARTMENT OF HEALTH BURTH DATE SHOWN ON. 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH 1949 Reg. Diat. No. 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For newborn infants give residence of mother) (If outside city of town limits, write RURAL and give nearest town) How long in above place of death?..... Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or Institution?.. 2.(a) If veteran, name war... 3. (a) FULL NAME 3. (b) Social Security Number 5. Color or race 4. Sex 7. Right date of deceased (mo., day, yr.) DURATION Immediate cause of death If less than one day 8. AGE: .....hrs. 10. Usual occupation. 11. industry or business (Include pregnancy within 3 months of death) Major findings of operations.....

(month) (day) (year)

Cemetery or crematory. Que a

(Date rec'd by registrar)

injured at home, farm, industry, public place (where?) ......

Where did injury occur? ......

Means of Injury

M. D. or other

(County)

Injured at work?

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide.....

(City or town)



BUREAU V. S.

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:  County Balto Williams Core Balto City or town 1/9 Advance Core Balto Street address, hospital, or institution:  Stay in hospital or inst. (yrs., or mos., or days)  Stay in this community (yrs., or mos., or days)	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State County County County Ward No.  (If outside city or jown limits, write RURAL NEAR and give town)  Street No. 22 County County County Ward No.  (It outside city or jown limits, write RURAL NEAR and give town)  Street No. 22 (a) IF VETERAN, NAME WAR.
3. (a) FULL NAME John F. Mc &	3. (b) Social Security Number 094-07-1779
4. Sex  5. Color or race  6.(a) Single, married, wildowed, or divorced  mule where married  6.(b) Name of husband or wife Margard T. Mc Carake	MEDICAL CERTIFICATION  20. DATE DF DEATH ROLLING 1948, at 4 cm.  21. DERTIFY that death occurred on the date above stated; that I ettended deceased from
7. 8irlh date of deceased (mo., day, yr.) Surly 9 1905	July 5 19 6, to UN. No. 19 48.
8. AGE: Years months Bays If less than one day  43  9. Birthplace Sceland.	Immediate cause of death Couldnal DURATION  Due to Hisparture 4945
10. Usual occupation	Bue to Australia of Suran Lyrs.
12. Name Oeler Mc Gusker.  13. Birthplace Incland  14. Maiden name Rose Hugkes.	Other conditions (Include pregnancy within 8 months of death)  Major findings:  PHYSICIAN
16. Informant margaret T. mc busker.	Df operations Please underline the cause to which death should be charged statistically.  Of autopsy 2
17. Burial  18. (Burlal, cremation, or removal. Which?)  Cemetery or cremator, Mouland Memorus Cark.	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide  Where did injury occur?  (City or town)  (County)  (State)
18. Funeral director Thurstin E. Sonovau.	Injured at home, farm, industry, public place (where?)  Means of Injury  Injured et work?
19. Mrv 2-7 19. 48 A. W. Helfred (Date rec'd by registrar)	23. SIGNATURE ASEPH COLLING M. D. or other Address 30 Chauselllo Rd. Date signed 10 16 14

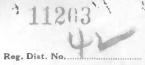
Registrar &

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH



1. PLACE OF DEATH: Balto County Halethorpe	2. USUAL RESIDENCE (HOME) OF DECEASED:		
num - tallo offor po	(For newborn infants give residence of mother)  Md. Balto.  State		
City or town	City or town. Halethorpe  (If outside city or town limits, write RURAL and give nearest town)  1718 Selma Ave.  Street No. (If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME ANNIE SIMON MENKEL	3. (b) Social Security Number none		
female white 6.(a)Single, married, widowed, or divorced widow	MEDICAL CERTIFICATION  2D. DATE OF DEATH NOV. 9, 19 48 21 9:30 and		
6.(b) Name of husband or wife Frederick William Menkel 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.)  Jan. 6, 1882	21. I CERTIFY that death occurred on the date above stated; that tattended deceased from  19.4.3. to		
8. AGE: Years   Months   Days   If less than one day   66   10   3  hrsmin.	Hypertensive (.V.D		
Baltimore, Md.  9. Birthplace	Due to Generalizes Arterio  Scherosis  Due to Chronic Nephreitis		
12. Name.  13. Birthplace  South Hill, Md.  Annie T. Pattison  Cambridge, Md.	(Include pregnancy within 8 months of death)  Major findings of operations.  Date of op.		
16. Informant Miss Harriett Menkel	Antopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address  17. Burial Date thereof (month) (day) (year)  Cemetery or crematory (Woodlawn, Md.	22. VIOLENCE: the death was due to external causes, fill in the following;  Accident, suicide, or homicide		
Location  1B. Funeral director. WM. J. TICKNER & SONS  Address Balto., Md.	23. SIGNATURE M. D. or other  Address 3 3 2 5 TRe DERE A DV. Date signed 11/10/44		

Date signed 14 Nov.

UNFADING INK. Every item of information should be carefully Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH correct age is especially important.

(a)/19919191919191919191	Cowson	2. USUAL RESIDENCE OF DECEASED:  (a) State Md. (b) County
(b) Street address701 Mornin (c) Hospital or institution:	ngside Drive	(c) City or town Towson (If outside city or town limit
(d) Length of stay in hospital or inst.  (e) Length of stay in Baltimore (yrs., 1)		(d) Street No
3 (a) FULL NAME	ohn alon	30 Merrit
	3 (c) Social Security Account (	MEDICAL CERTIFICATION OF DEATH 13 Nov.
4. Sex   5. Color or race   6 (a)   divor	Single, married, widowed, or ced. married	21. I certify that death occurred on the da
6 (b) Name of husband or wifeS.a	Isabelle Merritt If alive, give age years	and that I last saw hith alive on
7. Birth date of deceased (mo., day, yr	.) March 31, 1878	Coronary Thrombo
8. AGE: Years   Months   Days	lf less than one day hrmin.	Due to Hypertensive arte
9. Birthplace Balto. Co., Mc		Cardid-Vasular Diseas
	county, and state)	Due to
11. Industry or business Enterpri	ise Roofing Co.	Other Conditions Two previous
12. Name John A. Meri	***************************************	(Include pregnancy within 3 months o
13. Birthplace A. A. Co.	LEAN HAMID FOR	Date of operation
14. Maiden Name Matilda		Major findings of operation:
A. A.	Co.	of autopsy:
16 (a) Informant Mr. J. Todd	Merritt	22. If death was due to external causes,
(b) Address 501 Locksley	Rd.	(a) Accident, suicide, or homicide
17 (a) Burial (b)Da (Burial, cremation, or removal)	(month) (day) (year)	(b) Date of occurrence
(c) Cemetery or crematory Oal	clawn Cem.	(d) Did injury occur about home, on farm
Location Balto.	, Md.	place?(Specify type of place)
18 (a) Funeral director. WM. J.	CICKNER& SOLS	
(b) Address Balto.	Wildeland.	(e) Means of injury
(Date rec'd by registrar)	Registrar	Address 501 Pheridan art.

	(a) State	
	(c) City or town Towson (If outside city or town limits, write RURAL	
	(d) Street No. 701 Morningside Dri	and give town)
1	(If rural give location)	
	(e) Citizen of foreign country?	(Yes or No)
-		
4 4	30 Merrit	STARW.
1	MEDICAL CERTIFICATION	
	20. DATE OF DEATH 13 Nov. 1948	at 11 piM
	21. I certify that death occurred on the date above states	lethat lattend
1	ed deceased from July 1946 to 2000 and that I last saw him alive on 13200 19	1948,
		48
	Immediate cause of death	Duration
	Immediate cause of death	3 days
1		
	Due to Hypertensine arteriorderation	5 gro.
	Due to	
	T	************************
l	Other Conditions 100 plurous coverage	***************************************
	Other Conditions. Two previous coverage Thurstones in past 2 years. (Include pregnancy within 3 months of death)	PHYSICIAN
l	Date of operation.	Underline the
1	Major findings of operation:	death should be
l	-f	charged statis-
	of autopsy:	tically.
ł	22. If death was due to external causes, fill in the foll	
	(a) Accident, suicide, or homicide	
1	(b) Date of occurrence	M
	(c) Where did injury occur? (City or town) (Count	y) (State)
	(d) Did injury occur about home, on farm, industrial p	lace, in public
	place?	<b></b>
	(e) Means of injury	····
1	22 com (1) m. A / amounts	>4 .

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age	show	vn	on	:	

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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SHAN NO. G 118 NOV 18 1948 CERTIFICATE OF DEATH

Reg. Diat. No. 33

Minus d 110 Hot 10 to 10	105
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Balto.	(For newborn infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	State Md. County Balto.
How long in above place of death?	City or town Reisterstown (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Chatsworth Ave.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Fanny Bennett Metzel	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Married	2D. DATE OF DEATH 2005 H 19.24 8 21 11:30 A
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give ageyears	1-23 1937 10 11-4 19 48
7. Birth date of	and that I last saw here alive on 19
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day	Immediate caose of death
0. 11011	Aspertenewe 6-V. Dieso 10 yra
	arteristicous, 5 yrs
9. Birthplace Baltimore City (Town, county, and state)	Barano Decempensano 2 yra
1D. Usual occupation Housewife	mitral Insufficient 10 yra
1D. Usual occupation	The contract of the contract o
11, Industry or business	angina Pectoria 2, yo
12. Name Capt. George Bennett   13. Birthplace   Maryland	Dther conditions
13. Birthplace Maryland	(Include pregnancy within 3 months of death)
14. Maiden name Annie E. Griggs	
14. Maiden name Annie E. Griggs 15. Birthplace Maryland	Major findings ol operations
	- Date of op.
16. Informant William Jay Metzel	Actorsy resolts
Address Reisterstown, Md.	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial Burial (month) (day) (year)	
	According to the second
Cemetery or crematory Reisterstow Methodist	Where did injury occur?
Location Reisterstown, Md.	Injured af home, farm, Industry, public place (where?)
OF Elene Sons	Msans of injury injured at work?
18. Funeral director	
Address Reisterstown, Md.	- 23 SIGNATURE D.D. Caples M.D.
19 11-6- 19 48 Mary B. ELIN	M. D. or other
(Date rec'd by registrar) Registrar	Address Resolvatory Ma Date signed 1-3-48



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

46-8

Reg. Dlat. No ...

1. PLACE OF DEATH: Baltimore Co. County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Maryland  State Maryland  County Baltimore  City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 328 Murdock Road (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME  EMMA MICHEL	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced   Single	MEDICAL CERTIFICATION  20, DATE OF DEATH. 11/6/48 19 41/0 P. 1
6.(b) Name of husband or wife	2t. I CERTIFY that death occurred on the date above stated: that I attended deceased from  19. 45.  19. 45.  19. 46.  19. 48.
7. Birth date of deceased (mo., day, yr.)	and the trial trials sent it.
8. AGE: Years Months Days If less than one dayhrsmin.	Immediate cause al death  DURATION  JUNE  1 1910
9. Birthplace Baltimorrow, and state) to. Osual occupation. Nurse (Practical)  11. Industry or business  12. Name. Jacob F. Michel  13. Birthplace	Due to
14. Maiden name Eliza Klein S 15. Birthplace Maryland	(Include pregnancy within 8 months or destri)  Major findings all operations
Mr. Howard Michel (Nephew)  Address 328 Murdock Road	Antopsy results  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:
Burial Date thereof 11/10/48  (Rurial, cremation, or removal, Which?)  Baltimore Cem.	Accident, suicide, or homicide
Baltimore City	Injured at home, farm, industry, public place (where?)
18. Funeral director	Means of Injury Injured at work?  23. SIGNATURE.  A.S. SIGNATURE.
19. More rec'd by registrar)  19. (Date rec'd by registrar)  Registrar	Address Vorenber Bat signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

The

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

HIP

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County BALTO City or fown TOWSON	State Many County Ballo 5	- Bal Co
(If outside city or town limits, write RURAL NEAR and give town)		
Street address, hospital, or institution: CERR AVC	City or town [If outside city or town limits, write RURAL NEAR and give	
	Street No. 202 W Round Tree (If rural give LOCATION)	
Stay in this community (yrs., or mos., or days) 28 4-8 Bollo	2(a) IF VETERAN, NAME WAR	
3. (a) FULL NAME	3. (b) Social Security I	J
H. Sinclair Miller	084-09-	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
M. W. Married	20. DATE DF DEATH 11-26- 1948	-, at 11- 15g
8 (b) Name of husband or wife aren E Rundrt	21. I CERTIFY that death occurred on the date above stated; that I ettended decea	sed trom
6(c) It alive, give ageyears	6-3-48	
7. Birth date of	end that I last saw h 1 Me alive on 11-26-4-8	19
deceased (mo., day, yr.) Eb/9/88  8. AGE: Years   Months / Days   If less than one day	Immediate cause of death Mediatural	DURATION
60 9 7 12 hrsmin.	glandular Carcinoma	7 1100
	obstruction of Branchus	7 1105
9. Birthplace JEJS OFT (Town, county, and state)	Due to	
10. Usual occupation EXECULTIVE, INSURANCE	Book do	
11. Industry or business INSURANCE	Due to	
12. Name FRANK BEVERLY MILLEY  13. Birthplace ST-JOSEPH MO.	Other conditions None	
13. Birthplace ST-JOSEPh NO.		
14. Maiden name MAS ANNIE DENEY	(Include pregnancy within 3 months of death)  Major tindings:	PHYSICIAN
15. Birthplace Howe's CAVE, N.Y.	Dt operations melasta to grand	Please underline the cause to which
18. Informant SOR, Mite, daughter, Sister	It supposedonedly.	death should be charged statisti-
Address 202 - WPeur Al Towson MD	Dt autopsy	cally.
2 12	22. VIOLENCE: If death was due to external causes, till in the tollowing;	
17. Burial Bate thereof 11/29/48 (month) (day) (year)	Accident, suicide, or homicide Date ot	
Cemetery of the market New Cathedral	Where did injury occur?(City or town) (County)	(State)
Location Edmondson Ave. Baltimore	Injured at home, tarm, industry, public place (where?)	
11 1-711-11 11 1	Means of Injury Injured at work?	
18. Funeral director Jeliss	-11 15 5	
Address 1900 Eutaw Place, Baltimore, Md.	23. SIGNATURE / Victor lichardo Mi	10
19. had 29 1948 (1. W. Hedrich Registrar)	M. D.	or other
(Date rec'd by registrar) Registrar	Address 32/20/KK/K/K/K/ KD Date signed	+1-12-148-
	LIALTO-CO MA.	

VS A15



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

9400

11208

### CERTIFICATE OF DEATH

		4	4
 Dies	No	7	/

1. PLACE OF DEATH Selto	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State County County
How long in above place of death?	(If outside city or fown limits, write RURAL and give nearest town)
Hospital, Institution, or screen address where death occurred:	(If outside city or town limits, write RURAL and give nearest town)
58 Shipway	Street No. 5-8 Shipung (Iffural, give botATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3.(b) Social Security Number
Im . S. moore	217-20-8993
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m. Vr.	20. DATE OF DEATH. 20 23 1948 at 11 30 M
Laura (Willey)	
8.(0) Name of nuspano of wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw h. Amalive on 2007, 22 19 48
deceased (mo., day, yr.) Felt. 28-1878	Immediate cause of death DURATION
8. AGE: Years Months Days It less than one day	Cornary Minters 3 weeks
10 8 26min.	
8. Birthplace Cambridge Dorchester Co. md	- Due to Wil resolusion 6 Mo.
Lown, county, and state)	THE VALUE OF THE PROPERTY OF T
10. Usual occupation. Carpenter	Due to
11. Industry or business	200 10.
12 Name Henry martin more	Other conditions
12. Name Henry Martin Morre  13. Birthplace Dorchestar Co., Ind	
El Unic,	(Include pregnancy within 3 months of death)
14. Malden name	Major findings of operations.
	Date of op.
16. Informant Mrs. Quelley more	Autopsy results.
Address 58 Shipway hundalic Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Barial   Date thereof 11   26   48	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory.	Where did injury occur?
location Eastern WE. Rd	Injured at home, farm, industry, public place (where?)
John G Ormeller	Means of Injury Injured et work?
18. Funeral director	1 4 /1 / 2 2
Address 414 Gaslery grg.	23 SIGNATURE Ward T. Mudelet had
10 11/26/48 10 John G. Comelly	M. D. or other
(Date/rec'd by registrar) Registrar	Address 2 Kmaly OR Klishall his Date signed har. 74, 1948



. THE ACT NO STATE OF THE

eel No. 2617 Barcle	ay St.		
(If rural, gi	ve LOCATION	)	
a) If veleran, name war			
	3. (b) S	ocial Security	Number
MEDICAL (			
DATE OF DEATH	2,	19. 48	,at 7-30
I CERTIFY that death occurred on the date a			
	9 to		19
d that I last saw halive on			19
mediate cause of death			
Coronary he	est o	disea	re
Connay he			
-			
		, .	***************************************
"Cardes run	ula	Mise	ae.
er conditions		***************************************	
er conditions			
(Include pregnancy within	3 months of dea	ath)	.]
jor fiedings of operations		*****	
topsy resolts			
YSICIAN: Please ooderline the caose to			statistically.
VIOLENCE: If death was due to external of	auses, fill in th	e following;	
cident, sulcide, or homicide			
ere did injury occur?(City or town			(State)
ured at home, farm, industry, public place	(where?)		
ens of injury		ured at work?	
01 1	N	We	phle
	4	110	1 1

BINDING FOR RESERVED MARGIN 2411 N. Charles St., Baltimore

City or town....

2.(a) It veteran, name war.....

(If outside city or town limits, write RURAL and give nearest town)

(If rural, give LOCATION)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

# CERTIFICATE OF DEATH 1. PLACE OF, DEATH: County Baltimore information carefully of death clearly and How long in above place of death? 2 7 12 How long in hospital or Institution?. 3. (a) FULL NAME item of i BINDING 6.(b) Name of husband or wite..... ADING INK. Supply every in Physicians: please write the RESERVED FOR 7. Birth date of deceased (mo., day, yr.) It less than one day Days Years 8. AGE: .....hrs. 9. Birtholace..... (Town, county, and state) 10. Usual occupation..... MARGIN 11. industry or business important. PLAINLY, V SEWRITE

(Date rec'd by registrar)

		FICATION	
20. DATE DF DEATH		0 19.4	F. at A.
21. I CERTIFY that death occurred on t	he date above state	d; that I attended to	leceased trom 10 19 4
Immediate cause of death	· · · · · · · · · · · · · · · · · · ·		DURATION
Osmu	no am	una.	6mi
	<i></i>	*********	
Due to.			
Oue to			
		***************************************	******
Other conditions	merco		******
(Include pregnancy	within 3 months	of death)	
Major findings of operations			
Alajor Radiags of operations			
Actorsy results			
PHYSICIAN: Please underline the	aose to which des	th should be char	ged statistically.
22. VIOLENCE: It death was due to	external causes, till	In the tollowing;	
Accident, suicide, or homicide		Date ot	***********************
Where did injury occur?(City			
injured at home, tarm, industry, publi	c place (where?) .		
Means of Injury		injured at work?	
23. SIGNATURE While	0	-	1



BUREAU T. S.

PLEASE WRITE

VS A15

2411 N. Charles St., Baltimore

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ч.	2.1		1.4	
- 1	1.7	011	par.	

11211

## CERTIFICATE OF DEATH

leg. Diat. No.

1. PLACE OF DEATH:  2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)	
County Baltimore	
Cliy or town Fort Howard (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? 13 days. City or town. Dat Lilmore. (If outside city or town limits, write RURAL and give ne	areat town)
Hospital, Institution, or street address where death occurred:	
VAH, Fort Howard, Maryland (If rural, give LOCATION)	
How long in hospital or Institution? 13 days 2.(a) If veteran, name war	
3. (a) FULL NAME 3. (b) Social Security	Number
CHARLES H. NEAL (O'NEILL) Unknown	- 180
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced MEDICAL CERTIFICATION	
Male Colored Married 20. DATE DF DEATH. November 1 19 48	6:00A
6.(b) Name of husband or wite Mrs. Hattie Neal 21. I CERTIFY that death occurred on the date above stated; that I aftended dec	
october 19 19 48 to Novemb	
7. Birth date of 2 00 00 00 11 alive, give age 119 years and that I last saw h. im alive on November 1	
deceased (mo., day, yr.) 1-29-96  8. AGE: Years   Months   Days   If less than one day   Myocardial Failure	Sudden
52 9 3hrsmin.	Dudden
9. Birthplace Littleton, N. C. Due to Hypertension	2-1/2
	yrs.
10. Usual occupation	
tf. Industry or business	
12. Name Henry Neal Diher conditions  13. Birthplace North Carolina	
3. Birthplace North Carolina (Include pregnancy within 3 months of death)	
14. Maiden name Laura Harrison	
14. Maiden name Laura Harrison  Major fiadings of operations  Date of op.	
Clinical Records Vet. Adm. Hosp. Autopsy results Substantiated above.	
Address Fort Howard, Maryland  PHYSICIAN: Please underline the cause to which death should be charged	statistically.
Principal Course, fill in the following;	
(Burial, cremation, or removal. Which?) (month) (daf) (year) Accident, suicide, or nomicide	
Cemelery or crematory Baltimore National Cemetery Where did Injury occur? (City or town) (County)	(State)
Location Baltimore, Md. Injured at home, farm, industry, public place (where?)	
18 Funeral director Elliott Funeral Home Means of Injury injured at work?	
Balto Md.	
Address 12. Signature & C. Welling Prop. H.C. MANAUGH, M.D. Chief Prop.	Setter
19	11-1-48

UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS 150

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

1248

	THE RESERVE	
Registered	No	13.2.
	-44	4 7 2

1 01			
ied	1. PLACE OF DEATH	2. USUAL RESIDENCE OF DECEASED:	1
lddns	(a) Baltimore City, Maryland	(a) State Med (b) County Balling	n Cd
		(c) City or town ausdown	
efull bly.	(c) Plospital of institution:	(If outside city or town limits, write RURA	L and give town
car	(d) I anoth of star in bearing an institute of the star of the sta	(d) Street No. 39-/ One (If rural give location)	
be d 1		(e) Citizen of foreign country?	(Yes or No
ld	(e) Length of stay in Baltimore (yrs., mos., or days)	If yes, name country	
(2)	3 (a) FULL NAME you Louis neilson	EMPSH Shift of a	AL DAME
ion cl	3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	
ath	No.	20. DATE OF DEATH Rowenber 3 1948	900
de	4. Sex   5. Color or race   6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above state	
of	mall of divorced. married	ed deceased from Dec. 24 1946, to Nov.	
All Directions (c) Hospital or institution:  (d) Length of stay in hospital or inst. (yrs., mos., or days)  (e) Length of stay in Baltimore (yrs., mos., or days)  3 (a) FULL NAME  3 (b) If veteran, name war  3 (c) Social Security Account No.  4. Sex  5. Color or race  6 (a) Single, married, widowed, or divorced.  (b) Name of husband or wife  6 (c) If alive, give age  7. Birth date of deceased (mo., day, yr)  8. AGE: Years Months Days If less than one day  9. Birthplace  10. Usual Occupation Many Many and state)  11. Industry or bysiness New Many 13. Birthplace  12. Name  13. Birthplace  14. Maiden Name Many Many Many Many 15. Birthplace  15. Birthplace  16 (a) Informant Many Many Many Many Many Many Many Many	The state of the s		
7	6 (b) Name of husband or wife (c) 16 alim in the same of the same	and that I last saw him alive on Nov. 2 19	7.8
ite		Immediate cause of death.	Duration
N 13		Circlosis of Liver	
rite	8. AGE: Years Months Days If less than one day	()	
	27 7 18hr. min.	Due to	
JK.	9. Birthplace /4 //		
Ill	(Town, county, and state)	Due to	
N.G.	10. Usual Occupation / / / / / / / / / / / / / / / / / / /		
Dil		Other Conditions	
	2 12. Name warmed Melson	(Include pregnancy within 3 months of death)	PHYSICIAN
NA	13. Birthplace (1) show and	Date of operation	Underline th
	or The state of th	Major findings of operation:	cause to which
WI	15. Birthplace England	of autopsy:	charged statis
Y, por		22. If death was due to external causes, fill in the fo	
N. in	(b) Address 39 - 151 arr	(a) Accident, suicide, or homicide	F 11.2
Ally	17 (a) Break (b) Date though Mar- 6 the	(b) Date of occurrencea	t
PL	(Burial, cremation, or removal) (month) (day) (year)	(c) Where did injury occur?	
Esp	(c) Cemetery or crematory to Adus Pand	(City or town) (Cour (d) Did injury occur about home, on farm, industrial	
RIT is	Location Frederical an		
WRITE ye is espe	18 (a) Funeral director Educard Foulses	place?While at work	Th. 4 . german
ag		(e) Means of injury	
AS	(b) Address 339 Le ash Phint	23. Signature . Cellus fossile	
PLEASE	Date recently registral	Address 2411 Wash. Blod. Date side	M. D.
E O	Registrar	a ridarossania kwazari wa ta ka an ka Date sigi	10 U

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

			4	4	-
Reg.	Dist.	No.			

	Reg. Dist. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State  County  City or town.  (If outside city or town limits, write RURAL and give neerest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war.
3.(a) FULL NAME Katie O' Brein	3. (b) Social Security Number
4. Sex    5. Color of race   6.(a) Single, married, widowed, or divorced   Widow	MEDICAL CERTIFICATION  2D. DATE DF DEATH NOV. 8 = 1948 21
S.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day  74 Months Days If less than one day  1. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day  1. Birth date of deceased (mo., day, yr.)	and that I last saw h
9. Birthplace (Town, county, and state)	Due to Serving
11. Industry or business at Home	Due to
12. Hame Height Deveney  13. Birthplace Sacland	Diher conditions
14. Malden name. Natie Smith 15. Birthplace Sreland	Major findings of operations.
16. Interment Turs ada Fisher	Antopsy results
Address 3 9 Kneesule Rd.  17. Sund Date thereot 2001. 10 - 1948 (Burial, cremation, or removal. Which) (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or crematory last James Location Eastern U.E.	Where did injury occur? (City or town) (County) (State) Injured at home, tarm, industry, public place (where?)
18. Funeral director. John G. Connells	Means of Injury Injured at work?
19. Ziv · 10th 19 +8 John S. Connelly (Date rec'd by registrar)  Registrar	23. SIGHATURE WARMEN, Date Signed Services Address Date Signed Services Address Date Signed Services Services Date Signed Services Date Servic

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. VS A15

MARGIN RESERVED FOR BINDING



## CERTIFICATE OF DEATH

			1-	
Reg.	Dist.	No	3	

1. PLACE OF DEATH: County Beltimore	2. USUAL, RESIDENCE (HOME) OF DECEASED: (For providing infants give residence of mother)	
City or town Catonsville (If outside city or town limits, write RURAL and give nearest town)	state Maryland County	0.000000000000000000000000000000000
(If outside city or town limits, write RURAL and give nearest town)  tow long in above place of death?	City or town Baltimore City (If outside city or town limits, write RURAL and give ne	rest town)
Hospital, Institution, or street address where death occurred:	Street No. 4645 Park Heights Avenue (If rural, give LOCATION)	
Spring Grave State Hospital		
tow long in hospital or institution? 5years, 8months, 20days	2.(a) It veteran, name war	
3. (a) FULL NAME HARRY OSTENDORF HENRY a. Ostendo	3. (b) Social Security	Number
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male White Married	20. DATE OF DEATH NOV. amber 9, 19. 48.	6:15 a.m
S.(b) Name of husband or wifeRebecca Sterrett	21. I CERTIFY that death occurred on the date above stated; that I attended deco	
	February 20 19 43 10 November	
7. Birth date of	and that I last saw him. alive on November	
deceased (mo., day, yr.)  S. AGE: Years   Months   Days   If less than one day	Immediate cause of death	
(76) × 9 26	Renal insufficiency with uremia	2 months
9. BirthplaceBaltimore. Maryland.	Due to Arteriosclerotiz cardiovascular	
	disease	indefinit
10. Usual occupationSalesman	Due to Coronary sclerosis	
11. Industry or business Advertising	Hypertensive cardiovascular	
12. NameHenry Ostendorf	Dther conditionsdisease	11
13. Birthplace Baltimore, Maryland	(Include pregnancy within 3 months of death)	
14. Maiden name. Mary ?	Major findings of operations	
15. Birthplace Baltimore, Maryland	major nadiaks of operations	
16. InformantHospitalRecords	Antoney ramits as above	
	PHYSICIAN: Please underline the cause to which death should be charged	statistically.
Address Catonsville 28, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following:	
17. Date thereof (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory National Memorial Park Cemetery	Where did injury occur?	(State)
Location Falls Church Linginia	Injured at home, farm, industry, public place (where?)	
18 Funeral director Stewart & Mousen Company	Means of injury Injured at work?	
	Docum June 14.0.	
Address 108 W. North aver, Balto #1, mide.	23. SIGNATURE ISAdore Tuerk, M.D. M.D.	on other
19. 15 — 1 0 19 4 8 Anny Secretary	M. D.	or other

MARGIN RESERVED FOR BINDING

UNFADING INK. Supply every item of information carefully fine ant. Physicians: please write the causes of death clearly and legibly

WRITE PLAINLY, is especially

PLEASE

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

11215

eg. Dist. No. 38

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State nadi County Balto
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death.  Hospital, institution, or street address where death occurred:	
	Street No. Jon Susquellama (in cut (if rurs), give LOCATION)
How long In hospital or Institution?	2.(a) It veteran, name war none
3. (a) FULL NAME Howard P. Pan	3. (b) Social Security Number
	pone
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W W dowed	20. DATE OF DEATH Coculd 3, 19 21 /100 P. M
6.(b) Name of husband or wife Blazahette (no standing	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from
7. Birth date of	and that I last say alive on wo 13
deceased (mo., day, yr.) aug. 19 1865	Immediate cause of death
8. AGE: Years   Months   Days   1 less than one day	The state of the s
8.5 2 15min.	Caremana 7 , 14.
9. Birthplace Belts Co. med	Due to.
(Town, eounty, and state)	
10. Usual occupation.	Due to
11. Industry or business Returned 10 400	
12. Name Rev Davil 14. Faish	Dther conditions
12. Name Lev Dark 14. Faush  13. Birthplace	
	(Include pregnancy within 3 months of death)
14. Malden name 15. Birthglace	Major findings of operations.
≥ 15. Birthplace	Date of op.
16, Informant Daul H. Gaush	Antopsy results
Address 102 Susaneliana Insu	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
(Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory Chestust Gener Clush	Where did Injury occur?
Location Sucet al Balto 6 ne	Colly of county (colly of county)
18. Funeral director Sand m. Burnelle	Misans of Injury Injured at work?
Address	Muldina Mills.
7 0 01	23. SIGNATURE. M. D. or other
19 Nov. 4 19 48 W. Cantle you Korn	Harris Aurabus 4- WW pala signed 11/4/4/

RECEIVED

DEC 3 1948 BUREAU V. S.

SN

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11216

#### CERTIFICATE OF DEATH

			CERTIFICATION I	Reg. Diat. No	
1. PLACE BE	EATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County				Md. Balto.	
City or town	Catonsvill	е	RURAL and give nearest town)	State	
				City or fown Catonsville	
How long in above pia	ace of death?		.1.		
Hospital, Institution,	or street address where	death occurre	eq:	Street No. 626 Orpington Rd.	
				(If rural, give LOCATION)	
How long in hospital	or institution?		······································	2.(a) If veleran, name war	
3. (a) FULL NA	ME			3. (b) Social Security N	umber
CONTRACT!		J	EANNETTE VINTON F		
4. Sex	5. Color or race	6.(a)Sing	rie, married, widowed, or divorced	MEDICAL CERTIFICATION	
female	white		single	2D. DATE DF DEATH	4:30 a
		1	0		
& (h) Name of buchs	and or wife			21. I CERTIFY that death occurred on the date above stated; that I aftended decease	ed from
				August 10 10 38, 10 NOV.	3 19.48
7. Birth date of			(c) If alive, give ageyea	and that I last saw h. R.K. alive on	19.46
deceased (mo., da	y, yr.) Dec.	11, 18	370		DURATION
8. AGE: Ye	ears   Months	Days	If less than one day	Immediate cause of death	48 hi
77	11	2	hrsmi		
				—	•••
a Rirthniace B	altimore		state)	Due to Carcinoma of Breat	2 40.
3. Birtiplace	(Town	county, and	state)		/
1B. Usual occupatio	School '	'eache 1	•	Due to Cardio. Vuscolor Renal Miseele	6 ur.
				Due fo	
	ness Retired	Poul	-i		
12. Name	George H. C	, rer	1118	Other conditions	
13. Birthplace	Unknown	1			
	Mondon	o Tri mt		(Include pregnancy within 3 months of death)	
본 14. Maiden nar	me Mariann	A VIII	O11	Major findings of operations.	
14. Maiden nar 15. Birthplace	Md.		ried to the street of the		
		Watlet	ıs		
			<b>LD</b>	Autopsy results	
Address 62	6 Orpington	Rd.			
	rial		11/15/48	22. VIOLENCE: If death was due to external causes, fill in the following;	
17. Burish growns	rial	. Date the	reof 11/15/48 (month) (day) (year)	Accident, suicide, or homicide	
	M±.	Olivet		Where did injury occur?	
	14 to 1 y				
Incation	Baltimore,	Md.		Injured at home, farm, Industry, public place (where?)	
Contion	WM . J.	TICKN	ER & SONS	Meane of Injury Lajured 3t work?	
18. Funeral director	r	••••••		- 1 / / / / / / / / / / / / / / / / / /	
Addrees	Balto.,	Md.		Maris, Justino	11
		4-5	1001	23. SIGNATURE M. D. O	other
10 11.01	registrar)	- 6	6. Hany	003 sign. The M. D.	TO21 12 1
(Date rec'd by	registrar)	1	Registra	Address Atom Syltha R. S. M. Date eigned	10112.4

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NOV 15 1948

BURKAU V. S

2411 N. Charles St., Baltimore

1310

11217

### CERTIFICATE OF DEATH

Reg. Dist. No. 30

	timore	<u> </u>	2. USUAL RESIDENCE (HOME) 0 (For newborn infanta give residence of State			
City or town			City or town			
Opitz Nu	csing Ho	ome	(If rural, give	(If rural, give LOCATION)		
How long In hospital or Instit	ulion?		2.(α) If veleran, name war			
3. (a) FULL NAME		William P. Pfetzing		3. (b) Social Security Number		
4. Sex 5. C	color or race	6.(a) Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION		
Male	White	Widowed	20. DATE DF DEATH November 1	5 19 48 ,at 7.25A.		
6.(b) Name of husband or wit	e Doro	thea Pfetzing	21. I CENTIFY that death occurred on the date abo	ove stated; that I attended deceased from		
			June 19	48 10 Trov 15 1948		
7. Birth date of deceased (mo., day, yr.)		nber 29, 1861	and that f last saw halive on	DUBLINON		
8. AGE: Years	Months	Days If less than one day	Wigen tralin	Cerroro Gasculas		
87	.1	16hrsmin.		Drease 3 was		
9. Birthplace	Dotin	Md.a county, and state)	Due to	lerozis		
		Store - Proprietor	Due to			
		ng	Other conditions			
12. NameMr.s.	German					
	Unknow	n	(Include pregnancy within 3			
-	German		Major fiediags of operations			
		• Pfetzing	Autopsy results	Date of op,		
		Road, Catonsville, Md.	PHYSICIAN: Please noderline the cause to w	hich death should he charged statistically.		
t7 Burial (Burial, cremation, or r	emoval, Which?	Date thereof NOV 17, 1948 (month) (day) (year)	22. VIOLENCE: If death was due to external ca			
Cemetery or crematory	Loudo	n Park Cemetery	Where did Injury occur?(City or pown)	(County) (State)		
Location		more, Md.	Injured at home, farm, industry, public place (w	rherp?)		
2	41 %	molev	Means of Injury	Injured at work?		
16, Tuncial wilcolor		Heights Ave.	23. SIGNATURE	ntowree		
19. 11 - 15	19.48	UE Harry Registral		M, D, or other Catonsville, Md.		

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NOV 18 1948

BURRAU Y. S.

BINDING

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PLEASE WRITE PLAINLY, is especially

A15 NS

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

	•	•	CERTIFICAT	TE OF DEATH Reg. Dist. No	7.0
1. PLACE OF DEATH: Baltimore				2. USUAL RESIDENCE (HOME) OF DECEASED:  (For pewborn infants give residence of mother)	
Cotonerilla			***************************************	State Maryland County Baltimore	
(If outside city or town limita, write RURAL and give nearest town)			RAL and give nearest town)		***************************************
How long in above place of	death? sino	e June 2	1, 1943	City or town (if outside city or town limits, write RURAL and give near	est town)
Hospital, Institution, or st	reet address where	e death occurred:		Street No. 117 S. Curley	
			1	(If rural, give LOCATION)	
How long in hospital or in	stitution?sin	oe June	21, 1943,	2.(a) If veteran, name war	
3.(a) FULL NAME Catherine PHILLIPS			S	3. (b) Social Security N	lumber
4. Sex	5. Color or race	6.(a)Single,	married, widowed, or divorced	MEDICAL CERTIFICATION	
F	W	Marr	ied	20. DATE DF DEATH November 28, 1948 19	al7±05A
			lipsyears	21. I CERTIFY that death occurred on the date above stated; that I attended decear June 21, 1943	1946
7. Birth date of deceased (mo., day, yr.)		9, 1886		and that I last saw h. er alive on Nov. 27, 1948	
8. AGE: Years	Months	Days	If less than one day	Immediate cause of death	DURATION
62		9	hrsmin.	Terminal pneumonia	5 days
9. Birthplace Ma	rvland			Due to Hypertensive C.V. disease with	
1D. Usual occupation	(Tow)	e: facto		generalized arteriosclerosis  Due to Diabetes mellitus  Midthigh amputation of right le	indef.
11. thoustry or susiness	rles Col	0		Diher conditions due to gangrene; several yea	
13. Birthplace M		***************************************	***************************************		
				(Include pregnancy within 3 months of death)	
14. Maiden name	mary Gle	5.6		Major findings of operations	
14. Maiden name 15. Birthplace M	aryland			Date of op.	
16 informant Hosp	ital Rec	ords		Antopay results	
			spital, Catonsvi	PHYSICIAN: Please underline the cause to which death should be charged a	tatistically.
				22. VIOLENCE: If death was due to external causes, fill in the following:	
17. Surial, cremation, of	al Which	Date thereof	(month) (day) (year)	Accident, suicide, or homicide	
			Semetery	Where did injury occur?	(State)
BIO OM POT				Injured at home, farm, Industry, public place (where?)	
Location	1) -	annel	. 10	Means of injury Injured at work?	
18 Funeral director	. 1	17	eller T	011 2000.	1 1
Address 2	334	Herso	~ N'	23. SIGNATURE SHALLOW BUILDING	MILLOSO)
10 11 /.3	0,00	P	CIN Neles	Abraham M. Sohneidmuhl: M.	other D.
(Date rec'd by region	trur)	U	Registrar	AddresSpringGrove Hoapital Date signed	11/28/48.

The

caref	legibly
tem of information should be	e causes of death clearly and le
Every	write th
UNFADING INK.	Physicians: please
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be caref	correct age is especially important.

VS 151

CERTIFICATI	e of DEATH (172)
1. FLACE OF DEATH: Found: Breakwater at (a) Baltimore City, Maryland Fort Howard on the	2. USUAL RESIDENCE OF DECEASED: (a) State
(b) Street address Patapsco (c) Hospital or institution:	(c) City or town Pittsburgh (If outside city or town limits, write RURAL and give town)
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(d) Street No
(e) Length of stay in Baltimore (yrs., mos., or days)	If yes, name country.
3 (a) FULL NAME JOSEPH RAYMOND PICKETT	
3 (b) If veteran, name war  3 (c) Social Security Account No. 208-05-9795	MEDICAL CERTIFICATION  20. DATE OF DEATH November 27, 1948 atll.003M
4. Sex   5. Color or race   6 (a) Single, married, widowed, or divorced. married	21. I certify that I took charge of the remains described above, held an
6 (b) Name of husband or wife Ruth V.	Inquiry & Inspece thereon and from the evidence obtained Autopsy, Inspection or Inquiry
7. Birth date of deceased (mo., day, yr.) March 5, 1904	by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my
8. AGE: Years   Months   Days   If less than one day   44   9   22	opinion resulted from: natural causes [], accident [X], suicide [], homicide [], undetermined [] and that the causes of death were:
9. Birthplace Pennsylvania (Town, county, and state) 10. Usual Occupation Laborer 11. Industry or business	IMMEDIATE CAUSE OF DEATH  Drowning
Ernest E. Pickett	Due to
13. Birthplace Towanda, Pa.	
Hable Bell	Other Conditions
15. Birthplace Towanda, Pa.	(Include pregnancy within 3 months of death)
16 (a) Informan: Jesse L. Kipp	22. If an external cause was primary or contributing cause of death, fill in the following:
(b) Address R.D. 1 Box 244 Tarrentum  17 (a) (Borial, cremation, or removal) (month) (day) (year)	(a) Date of injury Nov. S. 48 approx. 2 p. M.  (b) Where did injury occur? Patapsco River
(c) Cemetery or crematory. Mallistorium Unita	(c) Did injury occur at home, on farm, industrial place, in public
Location TPD # 1 Daniel Pc	place? Tugboat While at work? Yes
18 (a) Funeral director Cl. W. Derre	(d) Means of injury Tell off tu/boat into water
(b) Address Holl are a word St Dangle R 19 (a) Dec. 11 11 19 (646 A. W. Kedrick	Date signed December 11, 1948 Medical Example.

WRITE

PLEASE

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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112200

# CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
How tong in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Voseph Pika	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH.
8.(b) Name of hueband or wife Heleux O. Ka:  B.(c) tf alive, give age yea  7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
deceased (mo., day, yr.) 2 on 29 the 89	Immediate cause of death
8. AGE: Years   Months   Days   If less than one day   mi	Coronary Occlusion Inst.
9. Birthplace	Due to Carterio Services
10. Usual occupation	Due to.
12. Name Quoling 13. Birthplace Quoling	Other conditions (Include pregnancy within months of death)
14. Maiden name Xont Sellon  15. Birtholace Quellus	Major fiedings of operations
15. Birthplace	Oate of op.
Address 2400 Mannine and	PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
17. Burial, eremation, or removal. Which?)  (Burial, eremation, or removal. Which?)  (month) (day) (yest)	Accident, suicide, or homicide
Cemetery or crematory. Qa Le Lawn	Where did injury occur?
Location	Injured at home, farm, industry, public place (where?)
18. Funeral director Velsics Finness Vance	Meane of injury Injured at work?
Address 2 . 8 Cale aug. 19. 19. 8 Wardsich  (Date red'd by registrar)  (Date red'd by registrar)	23. SIGNATURE M. D. or other  Address. 520 DST. St. 19 Date signed Med.

12/2/2

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH	

2411 N. Charles St., Baltimore

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11221

## CERTIFICATE OF DEATH

AN				1	.0
M	Reg.	Diat.	No.	4	P

1. PLACE OF DE	ATH:			2. USUAI. RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Baltimore					
City or town				State Maryland County Baltimore	
How long in above place of death? 9 Days				Ulty of town	rest town)
Hospital, Institution, o	r street address where	death occurre	1:	Street No. 816 Druid Hill Ave	
			Howard, Md.	(If rurat, give LOCATION)	
		ays		2.(a) If veteran, name war WW-I	V.
3. (a) FULL NAM	E			3. (b) Social Security	Number
	WIL	LIAM Q	UEEN		
4. Sex	5. Color ar race		e, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male	Colored	Ma	rried-Separated	20. DATE DF DEATH November 30, 19 48	2:20 P
	Mamie	Queen		21. I CERTIFY that death occurred on the date above stated; that I attended decer	W
D.(0) Name of nusband	UI WIIE APPETANTANT	· · · · · · · · · · · · · · · · · · ·	61	November 21, 19 48 to November	
7. Birth date of		6.(	c) If alive, give age 61 years	and that I last saw himative onNovember30.	
	yr.) 6-30-			Immediate cause of death	DURATION
8. AGE: Year	s Months	Days	If less than one day	Hemorrhagic infarct of right	
	51 5	10	hrs,min.	cerebrum	10 Dys
9. BirthplaceB	altimore,	Md	state)	Due to Arterioscle rosis	•
10. Usual occupation.	Unemploye	d	***************************************		****************************
11. Industry or busine				Due to	
		)		Diher conditions NONE	• • • • • • • • • • • • • • • • • • • •
100	Annapolis,				
-				(Include pregnancy within 3 months of death)	
본 14. Maiden name	Mary (M.	N. Unk	nown)	Major findings of operations	
2 15. Birthplace	Annapolis,	Md.		Date of op.	
16. Informant Cli			ets. Adm. Hospital	Antopsy results Substantiated bove	statisticaliv.
Address	Fort Howa		1 -7	22. VIOLENCE: If death was due to external causes, fill in the following;	
Bui	rial	. Date the	(month) (day) (year)	Accident, aulcide, or homicide	
Cemetery or cremat	ory Baltim	ore Nat	cional Cemetery	Where did Injury occur?	
Location	Balti	more, 1	d.	Injured at home, farm, Industry, public place (where?)	
	Charle:	s R. La		Means of injury Injured at work?	
	802 May	dison A	ve., Balto., Md.		
Address	OOL MAN	CTOOIL E	Too, Dan oo, mar	23 SIGNATURE Promple	
10 2000	3 19 4	8	E. W Hedreal	H.C. MANAUGH, M.D. Chief Prop.	orger.
(Date rec'd by r	egistrar)		Registrar	Address VAH FT HOWARD M.D. Date signed	12-1-48

2411 N. Charles St., Baltimore

11222

# CERTIFICATE OF DEATH

Reg. Dist. No. 3/

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Ballimore	(For newhorn infants give residence of mother)
	State County & Additional
City or town. (If outside city or town limits, write RURAL and give nearest town)	· Massin in
How long In above place of death? 25 years	(If outside city or town limita, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	A LAA PA
Hooping, manually, or street address manual desired	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
eli lette elle p	
4. Sex 5. Color of race   6.(a) Single, married, widowed or divorced	MEDICAL CERTIFICATION
2	MEDICAL CERTIFICATION
M. Welowed	20. DATE OF DEATH MORNING 21 1948 at 1.30A
P. 1011 P Pil.	21. I CERIHFY that death occurred on the date above stated; that t affended decessed from
6.(b) Name of husband or wife.	15 15 10
	10
7. Birth date of 19 400 0 10 500	and that I last saw harmalive on 1949
deceased (mo., day, yr.) UTF- 8, /8 9 8	Immediate cause of death
8. AGE: Years Months Days If less than one day	Corebal heurrhage 3dag
90 / /3mirsmir	1.
nel	The state of the s
9. Birthplace	Due to Clares
(Town, county, and state)	
fD. Usual occupation	Rue to
1f. Industry or business	DUC 10
- 11 0	
12. Name Gyallia 12. Name Gyallia 12. Name 12. N	- Diher conditions
X f3. Birthplace MA O	
E Dune Shekhard	(Include pregnancy within 3 months of death)
E 14. Maiden name	Major fiedings of operations
HE 14. Malden name Anna of huppens.  15. Birthplace  MA.	
me 4.1 - 4/ 10/ Dell	
16, Informant	PHYSICIAN: Please ooderlise the caose to which death should be charged statistically.
Address Randallslown, Md.	
D. 11:0 Mars 22 194	22. VIOLENCE: If death was due to external causes, fill in the following;
17. (Burial, cremation, or removal. Which?)  Date thereof. (month) (day) (year)	Accident, suicide, or homicide
mt falan)	Where did injury occur?
Cemetery or crematory	(City or town) (County) (State)
Location Atanison wille, Ballo. la., Mel.,	Injured at home, farm, Industry, public place (where?)
A. Klass. Toloras	Means of Injury Injured all work?
18. Funeral director.	
Address Autesiale Ms.	A Som t
1 Down	23. SIGNATURE M. D. or other
19/1/21/ 1948 Tron. 2 Martin	10 + 100 +
(Date rec'd by registrar) Registra	Address augallutury Date signed

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PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

correct age

9-45-15M

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	E PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cois especially important. Physicians: please write the causes of death clearly and legibly.
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W.420-10W	PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The content is especially important. Physicians: please write the causes of death clearly and legibly.
pr.	KSE
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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

938

11223

#### CERTIFICATE OF DEATH

Dist No. 44

	•			Reg. Diat. No.		
1. PLACE OF DE	EATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)		
How long in above place Hospital, Institution, o Vets. Adm	Fort H outside city or town te of death? 2 or street address whe to Hospita	limits, write F Days e death occurred 1, Fort	URAL and give nearest town) i: Howard, Marylan	State Maryland County  City or town Annapolis  (If outside city or town limits, write RURAL and give  Street No. 126 Cathedral Street  (If rural, give LOCATION)	nearest town)	
3. (a) FULL NAM		D S. RO	BERTS	3. (b) Social Securi		
4. Sex Male	5. Color or race White		e, married, widowed, or divorced ingle	MEDICAL CERTIFICATION  20. DATE OF DEATH. November 25, 49	8 9:44 A	
	***************************************	6.(	c) It alive, give ageye	21. I CERTIFY that death occurred on the date above stated; that I attended a November 23, 48 November	deceased from er 25, 19 48	
deceased (mo., day,	y(1)	4-09 Days	If less than one day	Immediate cause of death Coronary Occlusion	DURATION	
o. Mou.	5 5	1	hrsn		IZ IIIS.	
tD. Usual occupation  11. Industry or busine  12. Name	Filling ss lliam Rob England	Statio erts	atate) n Attendant	Due to	lar	
14. Maiden name	Alberta Maryland	Jones		Major findings of operations		
t6. Informant	Fort Hov	ard, Mg		Autopsy results No Autopsy PHYSICIAN: Please underline the cause to which death should be char		
Burial  (Burial, cremation, or removal, Which?)  Cemetery or crematory  Annapolis, Md.				Where did injury occur?	(State)	
Address	A nnapo	lis, Md.	awam J. Harbe	23. SIGNATURE WILLBUR R. ELLIS, M.D. M.	D. or other	

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NOV 29 1948
BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11224

## CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give resistence of mother)
County Baltment	State Mangland County Callinson
Cily or town	City or town (If outside city or town lights, write RURAL and give nearest town)
How long in above place of death?	
Hospital, Institution, or street address where death occurred:	Sireet No. (If rund), give LOCATION)
How long In hospital or Institution?	2.(a) It veteran, name war
3. (a) FULL NAME Josephine Von Ol	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F. W. Single	20, DATE OF DEATH. 19 18 21 8:00 A.
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	Oct 19.45 10 Mar 28 19.48
7. Birth date of	and that I last saw h Ac alive on Mar 23, 19 48 18 48
deceased (mo., day, yr.)	Immediate cause of death OURATION
8. AGE: Years   Months   Days   If less than one day	Browlednessing 7 days
94 9min.	7
9. Birthplace Balting ml.	Que to Cachesia 3 yrs
(Town, eounty, and state)	Samle changes 10 yrs
10. Usual occupation	and arterioschous ulum
11. Industry or business	1
- 11/ /w . 1//	Other conditions
12. Name trederic Wom Wohling 13. Birthplace Germany	
Man Barre Fox	(Include pregnancy within 3 months of death)
14. Malden name	Major findings of operations.
15. Birthplace Baltimore Ind	Dale of op.
16. Informant Murs Many Homes	Antopsy results
Address Sparlis md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
11-31.48	22. VIOLENCE: If death was due to externat causes, fill in the following:
(Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory greens at Balto Con My	Where did Injury occur?
Both on 1	tnjured at home, tarm, Industry, public place (where?)
Location	
18. Funeral offection 29 danden In - Whote fee	Means of Injury Injured at work?
Address - Sparly md	(Kall: I Hadana (MA).
Nov.29 Wilmer C. Ensor	23. SIGNATURE M. D. or other
19	Address 1 000 M Oate signed 11/29/48
(Date rec d by registrar)	RUUI COO

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DEC 1 1948
BUREAU V. S.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### shown on: age 94 1948 CERTIFICATE OF DEATH

HIM ING. G 1 TO MON'UE 1940	Reg. Dist. No.		
1. PLACE OF DEATH: Carney .	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  Monard and Corney		
City or town	State Maryland county Carney  City or fown Baltimore  (If outside city or town limits, write RURAL and give nearest town)		
Hospilal, Institution, or street address where death occurred: Summitt Avenue	Streel No. Summitt Ave. R.F.D. #6 (If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3.(a) FULL NAME Harry M. Sadler	3. (b) Social Security Number 216-07-5387		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male white married	20. DATE OF DEATH November 13th 19.48 al 8 30		
6.(b) Name of husband or wife Alice Ann  6.(c) If alive, give age years	21. I CERTIFY that death occurred on the date above slated; that I allended deceased from  19. 45. to 19. 45. to 19. 45. and that I last saw h		
deceased (mo., day, yr.)  July 8th, 1893	Immediate cause of death		
8. AGE: Years Months Days If less than one day			
55 x56 4 5hrsmin.	Y ula as a sa		
9. Birihplace Baltimore, Md.  (Town, county, and state)  Crane Oiler	Due to. tuttercutores		
11. Industry or business			
12. Name. Joseph Sadler 13. Birthplace Md.	Other conditions		
	(Include prognancy within 3 months of death)		
14. Malden name Mary Lippa			
14. Malden name. Mary <b>Li</b> ppa  Md.	Major fiodiogs of eperations		
Mrs. Alice A. Sadler	Date of op.		
10. Interment	Actors y resolts		
Address Summitt Avenue, R.F.D.#6			
17. Burial Date thereof 11-16-48 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide		
Cemetery or crematory Parkwo od	Where did Injury occur?		
Baltimore			
Location	Injured at home, farm, industry, public place (where?)		
18. Funeral director Leonard J. Ruck	Meens'of Injury Injured all work?		
Address 5305 Harford Road #14	123. SIGNATURE Hayald a. grott, 4.		
19. 11 16 19 78 AW Hedrick (Date registrar)  Registrar	Class Hard 1 110 M. D. or other		

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(a) Baltimore City, Maryland

(c) Hospital or institution:

3 (b) If veteran, name war

4. Sex 5. Color or race

6 (b) Name of husband or wife.

7. Birth date of deceased (mo., day, vr.)

3 (a) FULL NAME

Female

(b) Street address 318 North Point Rd.

(e) Length of stay in Baltimore (yrs., mos., or days)

6 (c) If alive, give age

(d) Length of stay in hospital or inst. (vrs., mos., or days)

CERTIFICAT	E OF DEATH 50 Registered No. 220
rth Point Rd.	2. USUAL RESIDENCE OF DECEASED:  (a) State
inst. (yrs., mos., or days)	(d) Street No. 306 North Point Rd.  (c) Citizen of foreign country? (Yes or No lf yes, name country)
and Anita E.	Sauer Philip to Bush A Wilshift
3 (c) Social Security Account No. 6 (a) Single, married, widowed, or	MEDICAL CERTIFICATION  20. DATE OF DEATH NOV. 2/49 19 at 3 Cr. M
Married Frederick A. Sauer	21. I certify that death occurred on the date above stated; that lattend ed deceased from 1948, to 2007 2 1948 and that I last saw his alive on 2001 1948
6 (c) If alive, give age years lay, yr.) July 14,1905	Immediate cause of death Carcin makers

8. AGE: Years Months Days If less than one day 18 hr. 9. Birthplace Balto Md. (Town, county, and state) 10. Usual Occupation none 11. Industry or business 12. Name Dudley Crafton Balto. Md. 13. Birthplace 14. Maiden Name Barbara Frank Balto. Md. 15. Birthplace 16 (a) Informant Mr. Frederick A. Sauer (b) Address 308 North Point Road (b) Date thereof Nov . 5/48 (Burial, cremation, or removal) (month) (day) (year) Oak Lawn Cem. (c) Cemetery or crematory.... Balto. Md.

2024 Orleans St

PHYSICIAN

Underline the charged statis-

22. If death was due to external causes, fill in the following:

(Include pregnancy within 3 months of death)

of autopsy:

(a) Accident, suicide, or homicide.....

Date of operation

Major findings of operation:

(b) Date of occurrence at

(c) Where did injury occur?... (City or town)

(d) Did injury occur about home, on farm, industrial place, in public (Specify type of place)

(c) Means of injury.

23. Signature

VS 150

18 (a) Funeral director...(.

VS A15

The

#### MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore

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JL	L	4	Figi	-		,	3
D		21			4	6	7

I. PLACE OF DEATH:  CountyBaltimore				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland County Baltimore		
City or town				State Mal Victor County Del Clinors  W codlawn  (If outside city or town limits, write RURAL NEAR and give town)  1 Holder Ave.  (If rural give LOCATION)		
Stay in hospital or inst. (yrs., or mos., or days)						
Stay In this community (yrs	., or mos., or days	.)		2(a) IF VETERAN, NAME WAR		
3. (a) FULL NAME		Harry S	Schmier	3. (b) Social Securit		
4. Sex 5.	Color or race White	1000	married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH November 11 19 4	48 9-30	
B (b) Name of husband or v	wife Mile	dred Sc	hmier	21. I CERTIFY that death occurred on the date above stated; that I attended de		
		6(c) if alive	e, give age 53years	, to		
7. Birth date of deceased (mo., day, yr.)	T 7 F		1 Birc dgc	and that I last saw h_imalive on	19	
8. AGE: Years	Months	Days	If less than one day	Immediate cause of death	DURATION	
54	4	8	hrsmin		•	
B. Birthplace Ri  10. Usual occupation  11. Industry or business	Salea	county, and st		Due to		
12. Name Ho		nier		Bther conditions dissie	24	
14. Maiden name			enn	(Include pregnancy within 8 months of death)  Major findings:  Df operations	PHYSICIAN  Please underline the cause to which	
1B. Informant	lildred	1.Achmi		Df autopsy	death should be charged statistically.	
17. Purial (Burlal, cremation, or Cemetery or crematory Location	removal. Which?)	Date thereo	of Nov. 15, 1948. (month) (day) (year) od) Comptery	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, sulcide, or homicide	(State)	
Address 4510	Liberty	1	ts Ave.	23. SIGNATURE Serbrite ffe S. M. I	Leeffles Lean Ballo D. or other	

NATIONAL SHOP OF SERVING RELIGIOUS

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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D: .	2.7	-1	<b>7</b> B	
Diat.	No.	 		

CERTIFICA	TE OF DEATH	Reg. Dist. No.
County	City or town Thomas Street No. 11 outside sty grown in Street No. 12 outside sty grown in the sty grown in the street No. 12 outside sty grown in the st	County Co
How long in hospital or institution?	2.(a) II veteran, name war	
3. (a) FULL NAME Martha Revices Sc	wens	3. (b) Social Security Number
4. Sex Final S. Color or size 6.(a) Single, married, widowed, or divorced	///	CERTIFICATION V. 15 19 48 19 30 1
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the dates	te above stated; that I attended deceased from
8. AGE: Years Months Days if less than one day hrs. min  9. Birthplace	Immediate cause of death  Juliumana, lotar  Due to Catarria	
1D. Usual occupation	Due to	nershinebith 5 ys
14. Maiden name fama Scovers  15. Birthplace Town M.  16. Informant Fama Scoverys (mother)	Autonsy results.	Date of op.
Address  1. B. W. W. Which?)  Cemetery or crematory. LEWSONT CEMETERS or crematory.	22. VIOLENCE: If death was due to extern Accident, suicide, or homicide	al causes, fill in the following;
18. Funeral director Bylson of Inamus A. Wright Address 72/0000 Auto St. Balto 2 m. 1	Injured at home farm, Industry, public place Misans of Injury  23. SIGNATURE	Lo. Hulson M.D. D.M.
19. (Date reed by registrar)  19. Registrar		M. D. or other 11/15/48

WRITE

PLEASE

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg. Diat. No ...

1. PLACE OF DEATH:  County Balto.  City or town. Catonsville  (If outside city or town limita, write RURAL and give nearest town)  How long in above place of death?	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Md.  State		
Now long in hospital or institution?	2.(a) if veteran, name war		
3. (a) FULL NAME  ANNETTE F. SEIBER	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced female white widowed	MEDICAL CERTIFICATION  20. DATE OF DEATH NOV. 13, 1948 19 21.7.354		
6.(b) Name of husband or wife Charles E. Seibert  6.(c) If alive, give age	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19.45 to 76.00 to 76		
8. AGE: Years   Months   Days   If less than one day	Cerebral Hermanye 17da.		
Baltimore, Md.  9. Birthplace (Town, county, and state)  Housewife	Due to Ordenio elemento a Acardio - 15 30 1		
11. industry or business  Unknown Hossbach  12. Hame Unknown  13. Birthplace Unknown	Other conditions Hampley 2 30.		
14. Maiden name	(Include pregnancy within 3 months of death)  Major fiedings of operations		
16. Informant Mrs. Mildred A. Shriver Address 5105 St. Albans Way	Actorsy resolts PHYSICIAN: Please moderline the caose to which death should be charged statistically.		
Burial    Date thereof.   11/16/48	22. VIOLENCE: If death was due to exfernal causes, fill in the following:  Accident, suicide, or homicide		
Address Belto., Md.  19. (Date rec'd by registrar)  19. (Registrar)	23. SIGNATURE Address Constitution 18 18 18 18 18 18 18 18 18 18 18 18 18		

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# MARYLAND STATE DEPARTMENT OF HEALTH

2 HIGHAL DESIDENCE (LIOME) OF DECEASED.

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

I. PLACE OF DEATH:	(For newborn infants give residence of mother)
county Baltimore	6. // //
City or town Tows on L. Maryland	
(If outside city or town limits, write RURAL and give nearest town)	City or town Naltimere
How long in above place of death? Since Opril 74, 1947	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 2104 E fairmount ave
Eudowood Sanatorium, Towson L. Maryland	(If rurai, give LOCATION)
How long in hospital or institution? Line april 29/1947	2.(a) It yeteran, name war
Marie Virginia Scidel	3. (b) Social Security Number
4. Sex   5. Color of sice   6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
Jemal White Maries	20, DATE OF DEATH REVEWELL 5 1945 at 15.45 / M
han di la	21. I CERTIFY That death occurred on the date above stated; that J attended deceased from
8.(b) Name of husband or wife Musy Sudief	G. A. 1. 2. G. A.
8.(c) if alive, give age years	april 29 1947 10 Kavender 5 1944
7. Birth date of	and that I last saw has alive on Mathematica 5 1845
deceased (ma., day, yr.) August 12, 1923	Immediate cause of death DURATION
8. AGE: Years   Month   Days   It less than one day	Immediate Crase of death
2 5 2	
	Kulmonary luber Culader
9. Sirtholace Germantown, Ml	Due to a baut
9. 8irthplace (Town, county, and state)	531411
1/auranista	
10. Usual occupation. Mansewife.	Due to
11. Industry or business	
12. Name	Other conditions
12. Name David Wilson  13. Birthplace Lesmanton Md	(Include pregnancy within 3 months of death)
7/: A X	(Include pregnancy within 3 months of death)
14. Maiden name. And Canal	Major fiadings of operations
2 15. Birthplace Separanton My	
	pate of up.
18 informant personal history-hospital records	Antopsy results
P. 1 T. 1 M. 7	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Eudowood Sanatorium, Tows on 4, Maryland	22. VIOLENCE: It death was due to external causes, fill in the following;
Burial Burial (month) (day) (year)	
	Accident, suicide, or homicide
Cemetery or crematory Na tional	Where did injury occur?
Baltimore, Md.	
Location	Injured at home, tarm, Industry, public place (where?)
2041101	Means of injury Injured at work?
18. Funeral director. William Cook, Inc.	100
1917 CL David CL	11/1/2 1/2 1/201
Address 1217 St. Faur St.	23. SIGNATURE AL ALLASIA
11/8 48 / House	M D arthritime
19	Address Towson 1, Maryland Date signed 11-5-48

PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

PLEASE WRITE

FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

#### 2411 N. Charles St., Baltimore

M. D. or other

CERTIFICAT	E OF DEATH Reg. Dist. No.	عي ا
1. PLACE OF DEATH:  County	2. USUAI. RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mether)  Stale County Baltimoic County Baltim	itig rest town)
3. (a) FULL NAME Sorall Silberman		Number
4. Ser Shall white France .	MEDICAL CERTIFICATION  20. DATE OF DEATH. November 25  19.48	1 1 15
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that Jatfended decea  Oct 19 8 to 19 2  and that I last saw h and alive on From 25  Immediate aure of death  Due to Sulmonary Suplements  Out to	
11. Industry or business    Yell   12. Name	Other conditions	
16. Informant Anna Selbermon wife)  Address 3508 Clifton are Balt lind  17. Currol  (Burial, cremation, or region). Which?  Date the Pol. 11 - 26 - 48  (month) (day) (year)	Autopsy results	
Commetery or crematery of Man Arael  Location of there of the control of the cont	Where did Injury occur?	(State)
18. Funeral director	A Rudin Mp	

Registrar

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information carefully of death clearly and

MARYLAND	STATE	DEPARTMENT	OF	HEALTH
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2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For nowborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 92 Hospital, institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or institution?..... 2.(a) If veteran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex MEDICAL CERTIFICATION WHITE 6.(b) Name of husband or wife CHistore HER 7. Rirth dale of deceased (mo., day, yr.) DURATION Immediate gasse of death If less than one day 8. AGE: Months 11. Industry or business 12. Name Jo (Include pregnancy within 3 months of death) PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, fill to the following: 17 B (Burial, cremation, or removal. Which?) Accident, suicide, or homicide..... (month) (day) (year) Where did injury occur? .....(City or town) injured at home, farm, industry, public place (where?) ..... Means of injury

mis Howard S. Marke

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1	INLY, WITH UNFADING INK. Supply every item of information carefully. The corrections important. Physicians: please write the causes of death clearly and legibly.
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	LAINLY, WITH UNFADING INK. Supply every item of information carefully. I've especially important. Physicians: please write the causes of death clearly and legibly

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11233

1. PLACE OF DEATH: County Baltimore					2. USUAI. RESIDENCE (HOME) OF DECEASED: (For prowborn infants give residence of mother)			
City or town Fort Howard (If outside city or town limits, write RURAL and give nearest town)		State Maryland County						
tien teen to ab	(II outs	de elty or town	davs	CURAL and give nearest town;	Cily or town. Baltimore (If outside city or town limits, write RURA			
How long in at Hospilai, tosti	lution, or str	eet addrese where	death occurred	::::::::::::::::::::::::::::::::::::::	Street No. 3019 Bolder Avenue			
				nd	Street No. OLD BOLGET AVEILUE (If rural, give LOCATION)			
How long in hospitat or institution? 2 days						2.(a) if veteran, name war. W. I.		
3. (a) FUL	LNAME				3. (b) So	ial Security Number		
WALTE	R SLA	YSMAN			Unkr	ial Security Number 7-05-6290		
4. Sex	5	. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CERTIFICA	TION		
Male		White	Ma	urried	20. DATE OF DEATH. November 24	19 48 21 2:30 P M		
R.(b) Name of	husband or	Mrs.	Lucy Sl	aysman	2t. I CERTIFY that death occurred on the date above stated; that			
T. Birth date o	of		0 - 00	e) If alive, give age50year	and that t last saw him alive on November 2	24 19.48		
	no., day, yr.)		8, 189		Immediate cause of death			
8. AGE:	Years	Months	Days	tf less than one day	Pneumonia, lobular cause	Unknown		
	58	17	16	hrs,min,	Bacterial			
9. Birthplace	Balt	imore, M	aryland	} state)	Due to			
				•••••••••••••••••••••••••••••••••••••••	Due to			
11. Industry o					-			
12. Name		Wahlon S	laysmar	1	Diher conditions Pulmonary Emphysem	a 4 Yrs.		
H 13. Birthi	lace ]	Maryland			any an Improve			
				)h	(Include pregnancy within 8 months of death			
t4. Maid	en name		10000	(AA	Major findings of operations.	***************************************		
		Maryland						
16. Informant	Clinic	cal Reco	rds, Ve	t. Adm. Hosp.	Aulopsy results Substantiated above.			
Address	Fort F	Howard,	Marvlan	d /	PHYSICIAN: Please underline the cause to which death shou			
773	7		/	11/10/10	22. VIOLENCE: If death was due to external causes, flil in the f			
11.	*******************	removal, Which	) Pate ther	eof (month) (day) (yenr)	Accident, suicide, or homicide	Dale of		
Cemetery o	crematory	Parkwoo	d Cemet	Taylor ave	Where did Injury occur?	anty) (State)		
	I	Baltimor	e, Md.	Trulor ave	Injured at home, farm, Industry, public place (where?)			
Cocation					A	d at work?		
t8. Funeral d	irector	noward	bright	Howard M. Blight	Masare of Injury	( .		
Address		6009 H	ariord	Md., Balto., Md.	10000000000	110		
	2.	6 110	K	TW.	73. SIGNATURE WILBUR R. ELLIS, M.D.	M. D. or other		
19. (Date rec	'd by regist	rar)		Registrar				

every item of information carefully ite the causes of death clearly and 1. PLACE OF DEATH:
County Baltimore

		-
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		J.L
	,,,	PPI
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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



11234

## CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland Couoly

City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)

Street No. 2069 Druid Park Drive

(If rurat, give LOCATION)

2.(a) It veteran, name was WW II

3. (b) Social Security Number

City or town				UKAL and give nearest town)
How long in above	place of i	death? 157	days.	······································
				t. Howard, Md.
		titution?		
3. (a) FULL N				•
	RAYI	MOND A. S	MATHER	S
4. Sex	5	Color or race	6.(a)Singl	e, married, widowed, or divorced
Male		White	Ma	rried
E (h) Name of hus	hold or	Hel	en F	Smathers
b.(o) Hattie of Huy	o, mp			e) If alive, give ageyears
7. Birth date of deceased (mo.,	day yr)	4-14-05		, , , , , , , , , , , , , , , , , , , ,
-	Years	Months	Days	It less than one day
43	3	7	3	hrs min.
		ngelly, T	V. Va.	
3. Dil tapiace		Unemploy		atate)
10. Usual occupa	tion	Onembrol	eu	
11. Industry or bu	usiness	4 3	012	
12. Name		Andrew Unknown		<b>T.</b> S
	e			
14. Maiden	name		.Ste.ven	ison
₹ 15. Birthplac		Ohio	3 - 31	7. 1. A.3. 37
16. Informant	CLI	ical Kec	ords,	ets.Adm. Hosp.
Address	For	Howard,	Maryl	and /
	ation, or	removal, Which?	)	reof. (month) (day) (year)
Cemetery or co	rematory	Baltimo	re Nat	ional Cemetery
		imore, Ma		11
18. Funeral direc	ctorI	loward B	light.	Journal M. Blight : hi
				Baltimore, Md.
				a W Hedrick

# Unknown MEDICAL CERTIFICATION

20. DATE OF DEATHNovember 17	19.48	,at 10:00Pa
21. I CERTIFY that death occurred on the date above sta June 13	ited; that I attended decer , to No vember	171948
mmediate cause of death Tuberculous pleural eff		DURATION
Due to		
Due to		
Other conditions Chronic Nephriti	S	9 yrs.
(Include pregnancy within 3 month	ns of death)	
Major fiedings of operations		
Aotopsy resoltsNo.ne. PHYSICIAN: Please underlice the caose to which d	************	
22. VIOLENCE: If death was due to external causes,		
Accident, suicide, or homicide	Date of	
Where did injury occur?(City or town)	(County)	(State)
Injured at home, farm, industry, public place (where?)	)	
Means of Injury	injured at work?	

Address VAH, Ft. Howard, Md.

PLEASE WRITE

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

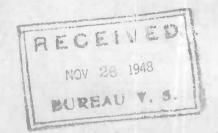
8300

11235

# CERTIFICATE OF DEATH

er Dist. No. 43

1. PLACE OF D	Ral+in	nare		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
Counly	**********************	**********************	••••••	State Maryland Couply Baltimore			
			RURAL and give nearest town)	Basneburg 1			
How long in above bla	ce of death?	week	***************************************	City or town Raspeburg 1	its, write RURAL and give n	earest town)	
	or street address where			Street No. 5809 Westwood	d Ave.		
.,	.,				ve LOCATION)		
How long in hospital	or institution?	••••		2.(a) If veteran, name war	2.(a) If veteran, name war		
3. (a) FULL NA!		11			3. (b) Social Security Number		
	ANNA M.	SMITH					
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL (	CERTIFICATION		
female	white		married	20. DATE OF DEATHNo.vember]	19.1.2.	at 7:15 A	
e (b) Name of husban	darmie Arth	ur J. S	mith				
				More 18 11	948 10 now	19 19.48	
7. Birth date of			(c) If alive, give ageye	and that I tast saw h. P.T alive on	nor-19	19 48.	
decessed (ma., day		3th, 18		Immediate cause of death		DURATION	
8. AGE: Yes		Days	It less than one day	Ceubral	Hountage	6 hu-	
	72 6	16	hrsm	in.			
9. Birthplace	N.J.	n. county, and	atate)	Due to artemocles		many	
An Harris American	at hom	0			***************************************	year.	
10. Usual occupation	L			Due to	***************************************		
11. lodustry or busin					***************************************		
当 12. Name	John Qua	.ckenbus	sh	Dther conditions			
13. Birthplace	N.J.				***************************************		
		ine Pas	5.t	(Include pregnancy within			
14. Maiden nam 15. Birthplace			2	Major findings of operations	••••••		
₹ 15. Birthplace	N.J.				Date of op		
16 Informati Mr	. A.J. Smi	th		Autopsy results			
۲٥			***************************************	PHYSICIAN: Please underline the cause to			
Address 5809 Westwood Ave.				22. VIOLENCE: If death was due to external c	causes, fill in the following:		
17 burial Date thereof 11/22/18 (Burial, cremation, or removal. Which?)				Accident, suicide, or homicide			
					4		
Cemetery or crematory Parkwood				Where did injury occur?(City or town	(County)	(State)	
Location Baltimore, Md.				Injured at home, farm, Industry, public place (	(where?)		
18. Funeral director Lassahn Funeral Home				Msens of Injury	Injured at work?	1	
				71. 16	150.1		
Address	7401 B	elair F	id.	23. SIGNATURE WAY OF	, English	MB.	
in hor . 6	20 1949	ma	1 a. L. Vellane	L -25 RO.	111//	or other	
(Date ree'd hy	registrar)		Registr	Address 5719 Delan 10, Bate signed 11-19-4			



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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### CERTIFICATE OF DEATH

E OF DEATH	Reg. Diat. No	and in the contract
2. USUAL RESIDENCE (HOME (For pewborn infants give residence	OF DECEASED:	
State Maryland	County	
City or town Baltimore C: (If outside city or town in		
Street No 324S. Monroe	Street	•••
2.(a) It veteran name war		
	3. (b) Social Security I	lumber
MEDICAL	CERTIFICATION	
20. DATE OF BEATHNOVE	mber 26 19 48	at6:45.A
21. I CERTIFY that death occurred on the date February 28.		
and that I last saw h.imalive on		
Immediate cause of death		
Coronary occlusion		
Due to Arteriosclero	tic heart diseas	e Indef
Due to Chronic inter	etitial nembriti	e 11
Due 10		
Diher conditions		
(Include pregnancy withi	- 0the of Jeeth)	
Major fiedings of operations		
Major fiedings of operations		
Major fiedings of operations	Date of op	
Major fiedings of operations	DVC  which death should be charged a	statisticaDy.
Major findings of operations	Date of op	statistically.
Major fiedings of operations.  Aulopsy results	Date of op	statistically.

23. SIGNATURE ...... Isadore Tuerk, M. D. or other

Address Catonsville, 28, Md. Date signed 17/26/18

		CERTIFICA
1. PLACE OF D	DEATH:	
County	Baltimore	
City or town	tonsville	imits, write RURAL and give nearest town)
Hospital, Institution,	or street address where	years 8 months, 29 day
Spring	Grove Stat	e Hospital
How long in hospital	l or Institution? Two	years, 8 months, 29 day
3. (a) FULL NA		
TOUN	C) (C) (C) (C) (C) (C) (C) (C) (C) (C) (	
4 Sex	SMOOT 5. Color or race	6.(a) Single, married, widowed, or divorced
		M
Male	White	Married
6.(b) Name of husba	and or wite	ie Louise Smoot
7. Birth date of		- July 2 1868
deceased (mo., da 8. AGE: Ye	ears   Months	Days If less than one day
o. Aug.		
(//-		hro mi
80		hrsmi
	Baltimore.	1
9. Birthplace	Baltimore	eounty, and state)
9. Birthplace		1
9. Birthplace	None	eounty, and state)
9. Birthplace 10. Usual occupation 11. Industry or busin	ness None	May vil and
9. Birthplace 1D. Usual occupation 11. Industry or bush	None	May vil and
9. Birthplace  10. Usual occupation  11. Industry or busin  12. Name  13. Birthplace	None None William A. Haryland	Smoot
9. Birthplace  1D. Usual occupation  11. Industry or busin  12. Name  13. Birthplace	william A.  Haryland  Maggie W	Smoot
9. Birthplace  1D. Usual occupation  11. Industry or busin  12. Name  13. Birthplace	None None William A. Haryland	Smoot
9. Birthplace  10. Usual occupation  11. Industry or busin  12. Name  13. Birthplace  14. Maiden nam  15. Birthplace	william A.  Haryland  Maggie W	Smoot Iones
9. Birthplace  10. Usual occupation  11. Industry or busin  12. Name  13. Birthplace  14. Maiden name  15. gBirthplace  16. Informant	Maryland  Maryland  Maryland  Maryland  Maryland  Mospital rec	Smoot lones
9. Birthplace 10. Usual occupation 11. Industry or busin 12. Name 13. Birthplace 14. Maiden name of the business	Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland	Smoot  lones  28, Maryland
9. Birthplace 10. Usual occupation 11. Industry or busin 12. Name 13. Birthplace 14. Maiden name of the business	Maryland  Maryland  Maryland  Maryland  Maryland  Mospital rec	Smoot  Sm
9. Birthplace  10. Usual occupation  11. Industry or busin  12. Name  13. Birthplace  14. Maiden name  15. Birthplace  16. Informant	Maryland Maryland Maryland Maryland Mospital received	Smoot  lones  28, Maryland
9. Birthplace 10. Usual occupation 11. Industry or busin 12. Name 13. Birthplace 14. Maiden name of the second of t	Maryland Maryland Maryland Maryland Mospital received	Smoot  lones  28, Maryland
9. Birthplace  10. Usual occupation  11. Industry or busin  12. Name  13. Birthplace  14. Maiden name  15. Birthplace  16. Informant	Maryland Maryland Maryland Maryland Mospital receptations which Maryland Ma	Smoot  Sm
9. Birthplace 10. Usual occupation 11. Industry or busin 12. Name 13. Birthplace 14. Maiden name of the second of t	Maryland Maryland Maryland Maryland Mospital recognized which Malory Maryland Maryla	Smoot  lones  28, Maryland
9. Birthplace  10. Usual occupation  11. Industry or busin  12. Name  13. Birthplace  14. Maiden name of the second	Maryland Maryland Maryland Maryland Maryland Mospital recognized which Maryland Mary	Smoot  Sm
9. Birthplace  10. Usual occupation  11. Industry or busin  12. Name  13. Birthplace  14. Maiden name  15. Birthplace  16. Informant	Maryland Maryland Maryland Maryland Maryland Mospital recognized which Maryland Mary	Smoot  Sm

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# VS A15 9-4

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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# CERTIFICATE OF DEATH

Des Disk No

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County Dalto CARNEY	(For newborn infants give residence of mother)	
City or town	State Ma: County Nat To.	
How long in above place of dealh?	City or town	
Hospital, Institution, or street address where death occurred:	Dean Audres Ave	
	Strest No	
How long in hospital or institution?	2.(a) If veleran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
4 Say 5. Color or racs B.(a) Single, married, widowed, or divorced	onn (horatta ESoun)	
111	MEDICAL CERTIFICATION	
F. W. Married	2D. DATE OF DEATH. NOV. 4 19.48 21 9.5 PM	
Edward J.	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from	
6.(b) Name of husband or wife 2 2	Jan 10 10 48 10 760 4 th 1948	
7. Birth date of	and that I last saw her alive on lear 4 to 18 4 6	
deceased (mo., day, yr.) AUG 23	Immediate cause of death. Concerning DURATION	
8. AGE: Years Months of Days It less than one day		
31min.	f p	
9. Birthplace	Due to Receive & Economica - Rus.	
411	Tenn /	
1D. Usual occupation. Wiking dept.	Due to Carcinous of Ceron	
11. Industry or business Slack L Jacket		
12. Name Frederick De Bough  13. Birthplace Balto	Other conditions.	
	(Include pregnancy within 3 months of death)	
14. Malden name Emma Paulis  15. Birthplace Balto		
15. Birthplace . Balto.	Major findings of operations.	
Edward I Sauce	Date of op.	
CLC - S A A A A A A A A A A A A A A A A A A	PHYStCIAN: Please underline the cause to which death should be charged statistically.	
Address 8902 Audrey Ave	22. VIOLENCE: If death was due to external causes, fill in the tollowing:	
17. Sorta Date thereot. Wull 8 1948 (Burlal, cremation, or removal. Which?)	Accident, suicide, or homicide	
Cemetery or crematory. 1768ELAND PARK	Where did injury occur?	
Location TAYLOR AVE	Injured at home, farm, industry, public place (where?)	
18. Funeral director. DIPPEL BROTHER	Mesns of injury Injured at work?	
Address 1 7110 BELAIR RD.	(O. E. Your alex le. D.	
11/5 48 SS() Hedrish	23. SIGNATURE M. TD. or other	
19	Address 8204 Hangaha Rosa Dale smed Nov 41/942	

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For provious infants give residence of mother)		
county Thethere	State Md gounty		
(If outside city or town limits, write RURAL and give nearest town)	4 - 410	.01.11.11.11	
How long in above place of death? 6 1200 & nion Months	(If outside city or town timita, write RURAL and give nearest town)	)	
Hospital, Institution, or street address where death occurred:	Street No.	*********	
Iffansaic Stand	(if rural, give LOCATION)	/	
How long in hospital or institution?	2.(a) tf veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number	- /	
David Mablellan Skince			
4. Sex 5. Color er race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	19772	
Hale White Single	20. DATE OF DEATH. 2/27. 17. 19. 4. 8. 21. 8. 3	ea.	
B (A) Name of bushand or wife	21. I CERTIFY that death occurred on the date above efated; that I attended deceased from	/ /	
6,(b) Name of husband or wife	Oct 9 19 46, 10 Hax 17 11	9 48	
7. Birth date of	and that I last saw h some alive on Mor 12	9.48	
deceased (mo., day, yr.) Tele, 28 - 1862	Immediate cause of death	RATION	
o. Ade.			
86 8 /9hrsmin.			
9. Sirthplace Dansons Language (Town, cogney, and state)	Due to theast Frankeist	ull	
10. Usual occupation functional Operator	Catain selection	lears	
11. Industry or business	Due to William Allis Mais	distanti	
12. Name James Mana Spence	Diher conditions		
× 201. + 1	(Include pregnancy within 3 months of death)		
H 14. Maiden name A Maldhaldad Additional Marketing Company of the	Major fiedings of operations		
15. Birthplace Talbot Country, Hd	Date of op.		
16. Interment of annu M. Schlaeder	Antopsy results		
Address Mesonic Jone Cochumille MA	PHYSICIAN: Please underline the cause to which death should be charged statistically	7.	
2 ( )	22. VIOLENCE: If death was due to external causes, fill in the following;		
17. Burial (Burial, cremation, or removal, Whieh?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory The ghelle Custon, Md	Where did injusy occur?		
Location Tulbest are	Injured at home, farm, industry, public place (where?)		
0.1 0 1	Meene of Injury Injured at work?		
18. Funeral director Hans	1.6-11		
Address St. Vaul & Orleton St.	23 SIGNATURE Walter T. Kees In . D.		
10 11/18 10 48 Jaura M Seproches	M, D, or other	49	
(Daté rec'd by registrar) Registrar	Address Cocheysuille, 1.D. Date signed	. 70	

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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-			CERTIFICA	TE OF DEATH	Reg. Dist. N	lo
How long in above place Hospital, Institution, or Wal	atonsville ontside city or town lin of death? street address where d ker Ave, r institution?	eath occurred:		City or town (If outside city or to Walker At Street No. (If re 2.(a) 11 veteran, name war	County Bal Lle own limits, write RURAL and g	rive Dearest town)
		HEST	ER ELLEN STABLE	8	3.(0) 200.00	_
female	5. Color or race white		married, widowed, or divorced ingle	MEDIC  20. DATE OF DEATH	Nov. 15,	
	******************		) If alive, give ageyea		19.70 to Man	15 - 19 48
deceased (mo., day, search 78	yr.)	Days   2 8	If less than one dayhrsmlu	Immediate cause of death		DURATION S GAR
10. Usual occupation  11. Industry or busines  12. Name	Edmund Balto.Ç	Stable	r	Due to	Vice a Colen Vithin 3 months of death)	
14. Malden name Rebecca Cuddy 15. Birthplace Balto. Co. Miss Rebecca Stabler			Major findings of operations			
Address Walker Ave., Catonsville 28, Md.  Burial  Burial  Burial, cremation, or removal, Which?)  Cemetery or crematory  Stabler's Ceme  Location  Stablersville, Md.				Antopsy results. PHYSICIAN: Please underline the ca  22. VIOLENCE: Il death was duo to e. Accideot, suicide, or homicide	anse to which death should be cl xtereal causes, fill to the following:  Bata of  Or town) (County)	barged statistically.  1(Stato)
18. funeral director. WM. J. TICKNER & SONS  Address Balto., Md.  19. Nov. 18. 48 U.W. Hells  Date rec'd by registrar) Registrar				Means of Injury  23. SIGNATURE  TEdea  Address 7.23 had cie G	- Id	M. D. or other
				13elli 1 -	mis.	

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. ....

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Fast Sheev and	State Md County Balto
City or fown (If ontside city or town limits, write RURAL and give nearest town)	City or town
How long in above place of death?	1/ 1) Produce And
# 1 Denlon ave.	Streef No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
MARY JANE THAME	RT. 212-22-0707
4. Sex 5. Color or race S.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female white margied.	20. DATE OF DEATH. Noevember 28.1948, at 8 P. M
6.(6) Name of husband or wife of the state of husband or wife of husba	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 2 2 19.48 to Novemb 27,19.48
7. Birth date of	and thet I last saw h. E.V. alive on 200. 27 19.48
deceased (mo., day, yr.) March 21.1878.	Immediate cause of death DURATION
8. AGE: Years Months Days It less than one day	
70. 8 7hrsmin.	Chrome Nyscarallo. 2 yro.
9. Birthplace (Town, county, and state)	Due to.
10. Usual occupation Stausewife	Juliu oscuration 10 ham
11. Industry or business plan home.	Due to
	Other conditions
12. Name Thomas & yhewcolf . 3. Birthplace Ballmore . ned .	
	(Include pregnancy within 3 months of death)
14. Maiden name Statue Alwale.	Major findings of operations.
bullowing & Promes	Autopsy results.
Address 3316 Ravenwood are Baltor:	PHYSICIAN; Please underline the cause to which death should be charged statistically.
Punio 1 12/1/48	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?)  Date thereof	Accident, suicide, or homicide Date of
Cometery or crematory Parkwood remetery	Where did injury occur?
Baltimore, Maryland	Injured at home, farm, industry, public place (where?)
18. Funeral director HENRY SANDER & SONS, INC.	Means of injury injury injury
NORTH AVE. & BROADWAY	Taying Solling M. W
11/20 18 Auxendina	23. SIGNATURE M. D. or other
19. (Date rec'll by registrar) Registrar	154081. Variet Rd / Delte 140ate signed 1/28/48

2411 N. Charles St., Baltimore

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# CERTIFICATE OF DEATH

Reg. Dist. No....

1. PLACE OF DEATH: Baltimore County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State		
3.(a) FULL NAME Lydia Perrine Thayer	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  Female white widow	MEDICAL CERTIFICATION  20. DATE OF DEATH		
6.(b) Name of husband or wife William H. Theyer  6.(c) Name of husband or wife 6.(c) If alive, give age years  7. Birth date of deceased (mo., day, yr.)  Oct. 1, 1871	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19		
8. AGE: Years Months Days If less than one day 2:6	Immediate cause of death.		
9. Birthplace	Due to		
14. Maiden name Sarah E. Stansbury  15. Birthplace Balto. Md.  16. Informant William C. Thayer  Address 731 Brookwood Road	Major findings of operations		
17   Burial   Date thereof   Nov. 29, 1948			
18. Funeral director that On Mitchell & Forms  Address 1900 Eutaw Place  18. Nov 29 1948 Q. W. Hedich  19. Obstor red day registrar	Means of Injury  Injured at work?  23. SIGNATURE.  M. D. or other  Address.  Address.  Date signed.		

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Per Diet No 3/

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)		
County Baltinanous	(For prowhern intants give residence of mother)		
Cily or town (If outside city or town limits, write RURAL and give nearest town)	State County County		
How long in above place of death?	City or town (if outside city or town limits, write RURAL and give nearest town)		
How long in above place of death?	(11 outside city or town limits, write RORAL and give nearest town)		
nospital, institution, or steel address more destinated.	Street No		
How long In hospitat or institution?			
The state of the s	2.(a) It veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
Bergie Nettie Vrip	lett		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
A. Widowed	20. DATE DE DEATH MOUSEMEN 13 19 H. 8, at 9' 15 A.		
S.(b) Name of husband or wife Hottace & Triplett	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from		
	1946, to 2017 113, 1941		
7. Birth date of	and that I last saw harmalive on 194		
deceased (mo., day, yr.)  R ACF- Years   Months   Days   If less than ons day	Immediate cause of death		
o. Au.			
82 3 12nrsmin.	Cereba hunorhage odays		
9. Birthplace Dell.	Due to		
9. Birthpiace			
10. Usual occupation. Militale Confe	Due to		
11. Industry or business			
12 Name Jesse Dell	Diher conditions		
12. Name			
	(Include pregnancy within 3 months of death)		
14. Maiden name Augustus Taskers  15. Birthplace	Major fiedious of operations		
¥ 15. Birthplace	Date of op.		
16. Interment Mr. Jesse Frishett	Autopsy results		
01 1 114 0	PHYSICIAN: Please noderline the cause to which death should be charged statistically.		
Address Randallslower, M.S.	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation, or removat, Which?)  (Burial, cremation, or removat, Which?)	Accident, suicide, or homicide		
(Burial, cremation, or removal, Which?) (month) (dsy) (year)			
Cemetery or oromatory	Where did inju:y occur?		
Location Telesty Tilde Bull D. Co., Milds	Injured at home, farm, Industry, public place (where?)		
18. Funeral director	Msens of injury Injured at work?		
Address Aughespille, M.S.	23. SIGNATURE Pro E. Marting		
19 11/14/ 1948 Non & Martin	M. D. or other		
19. (Dage ree'd by registrar) Registrar	Address and allary Date signed 1994		

ADING INK. Supply every item of information carefully. The c Physicians: please write the causes of death clearly and legibly.

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Reg. Diat. No.

### CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State Maryland county Baltimore
City or town OWI ngs Mills (If outside city or town limits, write RURAL and give nesrest town)
Street No. Pleasant Hill Road
(If rural, give LOCATION)
2 (a) the valoran name war NO

How long in above place of dealh? 18 years Hospital, Institution, or street address where death occurred: Pleasant Hill Road Owings Mills Md How long in hospital or institution?. 3. (a) FULL NAME Charles Louis Turnbough 5. Color or race 6,(b) Name of husband or wife Viola May Sprinkle Turnbaugh 5.(c) tt alive, give age 38 years

October 31 1899

9. Birthplace Owings Mills Balto Co Md. (Town, county, and state) Chauffeur

Jacob H H Turnbaugh

# 14. Maiden name Anna Elizabeth Wessel

Owings Mills Md

E 12. Hame Jacob H H Turnba
Lagrange State State Jacob H H Turnba
Lagrange State Sta

15. Birthplace Owings Mills Md

1. PLACE OF DEATH: Baltimore

deceased (mo., day, yr.)

1D. Usual occupation....

11. Industry or business

Address

Burial

Years

49

8. AGE:

20, DATE OF DEATH November 1st 1848 at 12:45 AM 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Man / sx 1948 10 Mov. 1 sx 1948

MEDICAL CERTIFICATION

and that I last saw h. Hal alive on Nov. 11. 1948

3. (b) Social Security Number

None

Nov 3 1948

It less than one day

(Include pregnancy within 3 months of death)

PHYSICIAN: Please underline the cause to which death should he charged statistically. 22. VIOLENCE: tt death was due to external causes, till in the following:

Where did Injury occur? .....(City or town) Injured al home, farm, industry, public place (where?) .....

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(Buriai, cremation, or removal, Which?) Cemetery or crematory St Paul's Cemetery Arcadia Md 18. Funeral director Wm Berryman & Sons Reisterstown Md

16 Informant Mrs Charles L Turnbaugh



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**VS A15** 

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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# CERTIFICATE OF DEATH

Reg. Dist. No. 32

How long in above play Hospital, Institution, Branch,	timore [ount Wils outside city or town lin ce of death? O yr or street address where d Md.T.B.Sa:	on  S.,1 mo.,10 days  eath occurredMt.Wilson  atorium  s.,1 mo.,10 days	(For newborn infants give residence of state. Maryland could be state. Cou	write RURAL and give near  k Avenue  LOCATION)	rest town)
3. (a) FULL NAT	William	S. Umbrage	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3. (b) Social Security I # Unkno	Number WIL
4. Sex Male	5. Color or race White	Separated	2D. DATE OF DEATH. November		
	,yr.) October	6.(c) If alive, give ageyears 15, 1893  Days   If less than one day	21. I CERTIFY that death occurred on the date about the compact of	48 Nov. 11 ember 11,	1948 1948
9. BirthplaceBal	Glass Wo	27 hrs. min. aryland ounty, and atate) rker	Due to		
13. Birthplace HUM 14. Malden nam 15. Birthplace 16. Informant WID	Baltimo Minnie Bo Baltimo  Baltimo  S. Umbr	Umbrage re, Md. ttinger re, Md. age	Other conditions Pulmonary Tu  (Include pregnancy within 3 a  Major findings of operations	months of death) eration	
17. Buria (Burial, cremati Cemetery or crem. LocationEd: 18. Funerat director	on, or removal. Which?) atory Wester mondson Av Geo.L.Scl l Frederic	k Ave., Balto., Md.  Bate thereof 11/15/48 (month) (day) (year)  The Cemetery  The Longwood St.  Balto., Md.  Wab  Registrar  Registrar	22. VIOLENCE: If death was due to external cat Accident, suicide, or homicide	(County) here?) Injured 21 work?  M. D. M. D. D.	(State)  M' W



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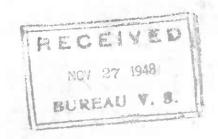
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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

932

CI	ERTIFICATE OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH:  County	City or town. U	E) OF DECEASED: nee of mother  County
How long in hospital or institution?	2.(a) If veteran, name war	
3.(a) FULL NAME  Mary Ann	Wagner.	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single; married, wide		L CERTIFICATION  ber 22, 1948 at 5/00P.
6.(b) Name of husband or wife OSIAL HENNY  6.(c) It alive, give	November 21. 1 CERTIFY that death occurred on the d	ate above states, that I attended deceased from
deceased (mo., day, yr.)  8. AGE: Years Months Days If less tha	Immediate cause of death	
(Town, county, and state)	J. R.D. Due to Hyput C-V	Lisense 10 yeur
11. Industry or business, Own home,	Due to	
14. Maiden name Amanda Raube	enstein  Major findings of operations	
16. Intermant / Day	Antopsy results	
Address Date thereof Do Late t	nth) (day) (year)	Date of
Cemetery or crematory of the Cemetery or Glen Rock, t	Where did Injury occur?	lace (where?)
18. Funeral director Acad Harters	Losse Le Means of Injury	ie C. Varterfin
19. May 2 2 1948 Mrs. W. R. S. D.	23. SIGNATURE  Registrs: Address. Address.	te of M. D. or other  A. D. or other  A. D. or other  A. D. or other  A. D. or other



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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### CERTIFICATE OF DEATH

	•		CERTIFICATION.	IL OI BEILLI	Reg. Dist. No	· · · · · · · · · · · · · · · · · · ·
1. PLACE OF I	DEATH:			2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED:	
City or townF.( How long in above pl Hospital, Institution, Veterans	ort Howard If outside city or town if ace of death?13	imita, write R lays death occurred	:URAL and give nearest town)	State Maryland Cou City or town Baltimore (If outside city or town limits Street No. 607 Hollen Road (If rurol, give	a, write RURAL and give nea	rest town)
3. (a) FULL NA HAI	ME RRY R. WALTE	ERS			3. (b) Social Security	Number
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
Male	White	Mar	ried	20. DATE OF DEATHNovember5		4:55 A.
6.(6) Name of husband or wife. Ella. Walters			c) If alive, give age7.3years	21. I CERTIFY that death occurred on the date abo October 23 19	48, 10 No.vember	r519.48
deceased (mo., da	ay, yr.) Matren	O TO 12	)	Immediate cause of death		
8. AGE: Yo	Months 7	Days 28	It less than one dayhrsmin.	CEREBRAL ARTERIOSCIERO THROMBOSIS		l day
	Jnemplo		state)	Due to		2 yr.plus
12. Name	?					
13. Birthplace	?			SENTIE PSYCHOSTS DUE TO ARTURIO 1 mo.		
Molden no	7					
14. Malden na 15. Birthplace	?			Major findings of operations		
16. Informant Clinical Records, Vet Adm Hosp.  Address Fort Howard, Md.  17. Burial (Burial, cremation, or removal, Which?)  Cemetery or crematory Greenmount Cemetery				Autopsy results. No ne PHYSICIAN: Please underline the cause to wi  22. VIOLENCE: it death was due to external cau Accident, suicide, or homicide	hich death should be charged ises, IIII in the following; 	statistically.
						(State)
			<u> </u>		injured at work?	
18 Funeral directo			nc.	10 11	1000	
Address	Baltimore,			P3 STENATURE To Bothas	eklitt	or other
19. NOT 6	4194 ( R.W.		Registrar	Address VAH, Fort Howard		11/5/48
(Date rec'd by	registrar)		Registrat	Address VAII FOL HOWALD	J uate signed	لا لها الما الما الما

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MAKILAND	STAIL	DEPARTMENT	Ur	HEAL I

2411 N. Charles St., Baltimore

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# CERTIFICATE OF DEATH

1. PLACE OF DE	EATH: 5 Brookvie	w Rd.)	Baltimore	2. USUAL RESIDENCE (HOME) 0 (For newhorn infants give residence of	F DECEASED:		
JR 22	ndolle Md			State Maryland county Baltimore			
City or town	outside city or town	limits, write l	RURAL and give nearest town)				
How long in above plac	e of death?		***************************************	City or town Baltimore (If outside city or town limit	s, write RURAL and give ne	areat town)	
	or street address where			Street No. 1755 Dynasty in	. D.J. D 1. 21	363	
	***********			Street No	LOCATION)	C, MC.	
How long In hospital of	or Institution?			2.(a) If veteran, name war		10	
3. (a) FULL NAM					3, (b) Social Security	Number	
Amelia	4 4				1 sore		
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL C	ERTIFICATION		
F	White	N	T Company of the comp	20. DATE OF DEATH NOV 27-	-48	522	
						-	
6.(b) Name of husband	d or wife Augus:	t		21. I CERTIFY that death occurred on the date abo			
		6.	(c) It alive, give ageyears	hrv. 19			
7. Birth date of	. Feb.	12, 186	(c) It alive, give ageyears	and that I last saw halive on	hot ette.	19. Y. X	
deceased (mo., day,	71.7		tt tess than one day	Immediate cause of death			
8. AGE: Year		Days 15	ALC: THE RESERVE AND A	Myoraid ella	acult	Iwak	
			hrs min.	1			
a sinibalana Go	rmontr			Due to must cardile	, derme	2410.	
S. Birinpiace	(Town	, county, and	state)	// .			
tD. Usual occupation.	Ttouse	cocke		antenia	lusis	6.1110.	
		0		Due to	A.A.A.A	1.9 4	
1t. Industry or busine	1/						
	/	uhl		Dither conditions			
₹ 13. Birthplace	Germany						
# 14 Maiden name	unknown			(Include pregnancy within 3	months of death)		
## t4 Maiden name	Germany			Major fiedings of operations			
≥ 15 Birthplace					Dale of op	** ****** ***** *****	
16. Informant days	Fordness			Aotopsy resolts		1	
				PHYSICIAN: Please underline the cause to w	hich death should be charged	statistically.	
	5 Brookvie			22. VIOLENCE: If death was due to external car	uses, fill in the tollowing;		
, Buria	n, or removal. Which:	Date the	reof	Accident, suicide, or homicide,	Date of		
Cemetery or cremat	tory LoudonP	ark		Whers did lajury occur?	(County)	(State)	
Inestina				Injured at home, tarm, industry, public place (w	here?)	******************	
	Wm. Cook	Inc.		Means of injury	Injured at work?		
18 Funeral director	7 C4 D1	C+					
Address				Mana	H Sudiew	Mind -	
7			. W. Hadrich	23. SIGNATURE	M D.	or other	
19. Nov 2	7 1948	u	. W. Neduch	2 Kurshy la VIII	w/1/22/ nex	nov- 27.10	
(Date rec'd by r	gistrar)	1	E Registrar	Address	Date signed	and the same of the same	

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# MARYLAND STATE DEPARTMENT OF HEALT

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CERTIFICAT	E OF DEATH  Rog. Dist. No.
1. PLACE OF DEATH:  County Baltimore  City or town Fort Howard (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street addreee where death occurred:  V.A.H. Fort Howard, Maryland  How long in hospitat or institution?  17 Days	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Slate Maryland County  City or town Baltimore  (If outside city or town limits, write RURAL and give nearest town)  Street No. 359 W. Preston Street  (If rural, give LOCATION)  2.(a) If veleran, name war World War II
3. (a) FULL NAME  EDWARD E. WASHINGTON  4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	3.(b) Social Security Number 212-10-5791 MEDICAL CERTIFICATION
Male Negro Divorced MARRIED  6.(b) Name of husband or wife Divorced Alice May Washington  7. Birth date of deceased (mo., day, yr.) October 20, 1906	2B. DATE DF DEATH
8. AGE: Yeare   Monthe   Daye   If less than one day	Due to
12. Name Richard Washington 13. Sirthplace Virginia 14. Malden name Indiana Carter Virginia 15. Birthplace Virginia	Other conditions  (Include pregnancy within 3 months of death)  Major findings of operations.  Date of op.
18. Informant Clinical Records, Vets, Adm. Hosp.  Addrese Fort Howard, Md.  17. Burial Bate Ihereof Tovember 241948 (Burial, cremation, or removal, Which?) (month) (day) (year)  Cemetery or crematory Baltimore National  Location Balto Md.  18. Funeral director Charles R. Law  Address 802 Madison Avenue  19. May 22 18 48 A. W. Mediuk  (Date ree'd by registrar) C. Registrar	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, eulcide, or homicide

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

469

# CERTIFICATE OF DEATH

Reg. Diat. No. 4

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County 15 all 1	State 2nd. County Balto.
City or town (If outside city or town timits, write RURAL and give nearest town)	
How long In above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 829 Lenning Jane
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Raymond B. H	ayland 3. (b) Social Security Number
4. Sex 5. Color or roce 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male thate Hidowed	20. DATE OF DEATH. 100. 16 19.48 at 12:15 19.18
8.(6) Name of husband or wife Hattie Hayland	21. I CERTIFY that geath occurred on the date above stated; that I attended deceased from
	Lecember 1946 10 hov. 16 1948
T. Birth date of	ears and that I last saw h AM alive on have 15 19 48
deceased (mo., day, yr.) July 30 - 1873	Immediate cause of death Carcinoma of DURATION
8. AGE: Years Months Days If less Ihan one day	Darrace 2 years
73 3 17hrs.	
Varginia.	Due to.
9. Birthplace	Due 10
10. Usual occupation actued (Laborer)	
11. Industry or business	Due 10
	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
12. Hame Conkrown  13. Birthplace	Dther conditions at I was a flaw C Sharing Differen
	(Include pregnancy, within a months of death)
E 14. Maiden name	Major findings of operations.
14. Maiden name	major indings of operations
18 Informant mus. Juanita Luebben	
n, =1 + 1 - R+	Autopsy results
Address of 329 dennings dane 10 de 20	22. VIOLENCE: If death was due to external causes, fill in the following:
11 Burial Date thereof Trov. 18-48	Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (month) (day) (year)	
Cemetery or crematory	Where did injury occur?
Location Castern Core: Ext.	Injured at home, farm, industry, public place (where?)
Then Gr. Connelles	Means of Injury Injured at work?
18. Funeral director	all a man
Address 4/8 6 ustern Cre. Cost 21	- a contrior ( b) Kalony (na)
19. 7200. 17 19.48 John b. Connelly	23. SIGNATURE
19. 19 (Date rec'd by registrar) Registrar	trar Address 75 6 d gell dex Jate signed Marillan



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) 1019 Pennsylvania Avenue (If rural, give LOCATION) 2.(a) if veteran, name war. 3. (b) Social Security Number

county				
City or town(If	Fort Howa	imits, write RI	JRAL and give nearest town)	
How long in above pine	e of death? 2 I	)ays		
Mosnital, Institution, o	r street address where	death occurred:		
Vets. Adm	. Hospital	. Ft. I	loward, Md.	
	2 1	)a vs	• • • • • • • • • • • • • • • • • • •	
How tong in hospital o	or Institution? 2 I			••••
3. (a) FULL NAM	IE			
	JOHN	WEST		
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	_
Male	Colored	1	Married	
200	1 0020104	-		_
6 (b) Name of husbant	or wife	len Wes	t .	
o.(o) Hame of Hassani				
7. Birth date of			) If alive, give ageye	ars
deceased (mo., day,	yr.) November		1896	
8. AGE: Year	rs Months	Days	It less than one day	
52	2 0		hrs m	in.
13. Birthplace	Jnknown			
14. Malden name	Lizzie Ur Unknown	nknown		
16. Informant Cl	inical Reco	Maryla	etsAdmHosp	
17. Buri (Burial, cremation	al.	Date there	of	
Cemetery or crema	tory Baltimo	re Nati	onal Cemetery	
Location	Baltimore,	Md.	***************************************	
	Adolphus		ad	
	Druid Hill			

### MEDICAL CERTIFICATION

Unknown

20, DATE OF DEATH	November	18,	19	481:20 A
Novemb		19 48	to Novem	ber 18, 1948
and that I last saw h	imalive on	wo vemoer	و.0.ا	1948
Immediate cause of	death	***************************************		DURATION
CHRONIC	NEPHRITIS			Unknown
Due to	•••••			•••••
Due to				
,	. *			
Other conditions			•••••••	
(Ir	clude pregnancy w	ithin 8 months	of death)	
Major fiedings of o	peratioos			
			Date of op	
	Substant			erged statistically.
22. VIOLENCE: If	death was due lo ext	ernal causes, fitt	in the following:	
Accident, sulcide, or	homicide		Date of .	
Whers did injury oc	cur?		(County)	(State)
Injured at home, far	m, Industry, public ;	lace (where?)		
Msans of Injury			Injured at work	9
	77	5	4	TANK TO THE

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PLEASE

(Date rec'd by registrar)

1. PLACE OF DEATH:

Baltimore

Registrar Address VAH, Fort Howard,

M. D. or other

Date signed 11/19/18

PLEASE

VS A15

# CERTIFICATE OF DEATH

Reg. Diat. No. .....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County County	State Tennessell county Roane Courts
City or town	
How long in above place of death?	(If outside city or town limita, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
10 Runway Court Baltune 20 Md.	Street No. 1. T. 2. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) if veteran, name war. Turl.
	2/27 17 10101811 188110 188111111
3. (a) FULL NAME	3. (b) Social Security Number
Christopher Columbus Whitle	Houl.
4. Sex 5. Color or race. 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white manued	2D. DATE DF DEATH. 2350 Santable 8 1948 21 9 A
olive Bollo whitele	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of humband or wife Olive Belle White	Movember 5 1948 10 That 8 1948
7. Birth date of	and that I last saw h. Lana alive on Zearluber 5 19 46
deceased (mo., day, yr.)	Immediate cause of death DURATION
8. AGE: Years   Month's   Days   If less than one day	7
74 2 /nin.	Inlumnu
Dolc + alaka	
9. Birthplace (Town, county, and state)	Due to
1D. Usual occupation Munch	
	Due to
11. Industry or business	
12. Name Walliangs Wulle	Other conditions of the condit
13. Birthplace Zulluom	heart I disease with alleunitung
14. Malden name Ellen Henderson	(Include pregnancy within 3 months of death)
E l	Major findings of operations
15. Birthplace Mullion	Date of op.
18. Informant Verne Baker	Antopsy results.
Address 10 Rumway C+ Ballanger 20 M.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
11/9/1/8	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Herry During IIIC	Injured at home, tarm, industry, public place (where?)
10 Front down Millson Volter	Msans of tnjury Injured at work?
18. Funeral director	
Address 1219 y ow of	23. SIGNATURE Sorry (Blak 211)
now 9 US a. W. Neder	M. D. or other/
(Date rec'd by registrar) Registrar	Address 901 Fuselage lu Belle Date signed 1/8/48
	20 mg

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MARYLAND	STATE	DEPARTMENT	OF	HEAT TI

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

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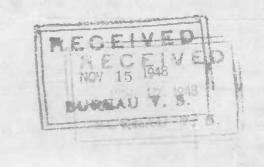
Reg. Dist. No.

1. PLACE OF DEATH:  Count & Glimmore A.	2. USUAL RESIDENCE (HOME) OF (For revoern invants give residence of m	DECEASED:
City or town (If outside city or town limits, write RURAL and give nearest town)	State Coun	Salumor
How long in above place of death?	City or town (if outside city or town limits,	write RURAL and give nearest town)
G yawmulo Jun	Street No	OCATION)
How long in hospital or Institution?	2.(a) It veteran, name war.	
3. (a) FULL NAME		3. (b) Social Security Number
George Winkleman		140-07-9803
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CE	RTIFICATION
$m \mid w, m$	20. DATE OF DEATH. Novemb	er 18 1948 11955 A
6.(6) Name of husband or wife All July	21. I CERTIFY that death occurred on the date above	
	October 22 196	1 . 1/
T. Birth date of deceased (mo., day, yr.) This 25, 1893	and that I last saw h. Lam. alive on	reveller 18 19.48
8. AGE: Years Months Days If less than one day	Caronary Turan	hasus ouration
55 80 23 hrsmin.		
9. Birthplace Flading Ja	Due to Coronary Sc	leionis
Tawn/county, and state)		
10. Usual occupation	Due to	
# 12. Name Jengs Junklemon	Dther conditions.	
Z 13. Birthplace A Clacking fa		
14. Malden name willas Much	(Include pregnancy within 3 m	
15. Birthplace / a seading Ja		Dale of op.
16. intofrant Hedwig / Hunklemone	Autopsy results.	
Address a Canopretic Drive	PHYSICIAN: Please underline the cause to whi	ch death should be charged statistically.
11/52/11	22. VIOLENCE: It death was due to external cause	es, till in the following;
(Burisi, crematian, or removal. Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory	Where did injury occur?(City or town)	(County) (State)
Location Dadwyork & 1/10	Injured at home, farm, industry, public place (who	rre?)
18. Funeral director	Msans of Injury	Injured at work?
Address 1219 ff Tout &	Jack Wi	Alex UX
how 19 cfx C.W. Hedin	23. SIGNATURE	M. D. or other
(Date rec'd by registrar) Registrar	Address JOS Justiage	Out Date signed ////8/48

truma Zal Zud Date signed...

### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Reg. Dist. No .... 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: information carefully. The confection of death clearly and legibly. (For newborn infants give residence of mother) Dallo (If outside city or town limits, write RURAL and give nearest town) How long In above place of death?.... (If ontside city or town limits, write RURAL and give nearest town) Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or institution?. 3. (a) FULL NAME 3. (b) Social Security Number Wrigh 5. Color or race 6.(a) Single, married, widowed, or divorced 4. Sex MEDICAL CERTIFICATION item of i FOR BINDING 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from every it B.(b) Name of husband or wife ..... 7. Birth date of deceased (mo., day, yr.) Supply DURATION If less than one day 8. AGE: MARGIN RESERVED lease ADING INK. Physicians: pl 9. Birthplace..... (Town, connty, and state) 1D. Usual occupation... 11. Industry or business important. 13. Birthplace (Include pregnancy within 3 months of death) 14. Maiden name Major findings of operations. 20 PLAINLY, vis especially PHYSICIAN: Please underline the cause to which death should he charged statistically. 22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide..... Where did injury occur? .....(City or town) WRITE Injured at home, tarm, Industry, public place (where?) ..... Injured et work? Means of Injury PLEASE 23. SIGNATURE. (Date rec'd hy registrar) Registrar



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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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# CERTIFICATE OF DEATH

Reg. Dist. No. ....

1. PLACE OF DEATH: County Balto.			2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Md. Balto.		
City or town. Woodlawn (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?		ath occurred:	City or town Woodlawn  (If outside city or town limits, write RURAL and give nearest town)  Street No. 5 Gwynn Lake Drive  (If rural, give LOCATION)  2.(a) If veteran, name war.		
3. (a) FULL NAM		FRANCIS HAROLD WYAT	3. (b) Social Security Number		
4. Sex male	5. Color or race	6.(a)Single, married, widowed, or divorced  married	MEDICAL CERTIFICATION  Nov. 26, 19 48 at 6	A:	
6.(b) Name of husband McDonnel 7. 8 irth date of deceased (mo., day,	l)	n Marie Wyatt (nee	21. I CERTIFY that death occurred on the date above stated; that I attended doceased from  19	48	
8. AGE: Year		Days If less than one day  13hrsmin.	Immeditie cause of death Concerning Heart	RAN	
10. Usual occupation.  11. Industry or busine  21. 12. Hame	Retired ss Penna. R Joseph N. Maryland	Nyatt	Due to		
LOW 15. Birthplace	Harper's	erper, W. Va.	Major findings of operations		
		Wyatt wife r., Woodlawn	PHYSICIAN: Please underline the cause to which death abould he charged statistically.		
Cemetery or cremat	rial n, or removal. Which?) lory Wood	lawn Cem	22. VIOLENCE: If death was due to external causes, ill in the following:  Accident, suicide, or homicide		
Location	Wood	lawn, Md.	Injured at home, farm, Industry, public place (where?)  Mosens of Injury  Injured at work?		
	29 19 48 egistraf)	08,000	Address Y Water PR Date signed 27 Ho	144	